



# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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CHEMEX '98  
SEPTEMBER 20-21 LONDON

## NUMBER 1



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1 August 1998

### Rural doctors keep right to delegate

### Extended sell through allowed for paracetamol

### Fraud unit ups staff to deal with contractors

**Update:**  
falling foul  
of food  
poisoning



### Jeff Harris juggles with European business

### Independents losing grip on OTC sales

### Source Informatics to analyse Numark data

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*Bartholomew  
Rhodes*



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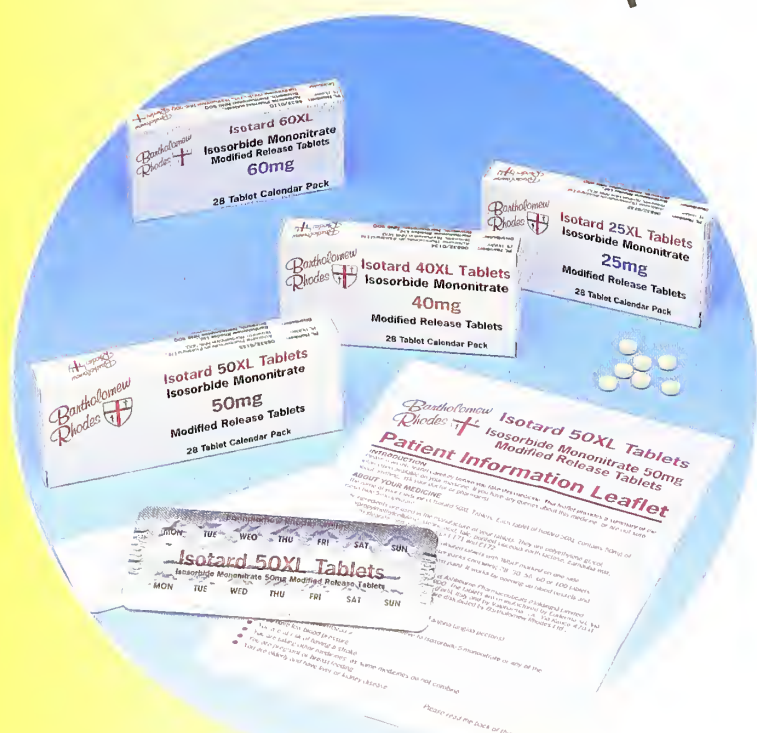
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NHS reimbursement prices are as follows:-

Isotard 25XL Tablets - £10.99, Isotard 40XL Tablets - £15.36,  
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**As these products are Modified Release  
reimbursement is based on Chemist and  
Druggist list price.**

In a sadly ironic juxtaposition, the appeal on the right of rural doctors to delegate dispensing came just after a dispensing doctor was accused of being "grossly negligent" by a coroner. In its announcement last week, the Court of Appeal may have laid to rest, for the time being, the contentious issue of what constitutes supervision by a doctor (p4). In making its decision, the Court has considered the law as it stands and how it is practised – from a practical standpoint, the status quo is confirmed as not being unlawful.

By taking the pharmacy case to its logical extreme, it was argued, the doctor would have to prescribe and could be the only one able to dispense – not even a pharmacist employed in a doctor's dispensary would have the authority. How often have the Courts, or Parliament, actually agreed to make something a criminal practice when it has been carried out for some time? Look at the brouhaha over beef on the bone. So should PSNC and the NPA have pursued the case in the first place? If they had won, the Government would have been obliged to change the law very quickly and, in the process, could have made things more prejudicial for pharmacy. But the case did go ahead, and has now been considered twice. Pharmacy is no worse off than it was before, other than financially. Of course the only winners in any case like this are the lawyers.

On the brighter side, since the change in leadership of the Dispensing Doctors Association, relations between the medical and pharmacy bodies have been more open and less couched in rhetoric. And these relations have been growing despite this legal action grumbling away. What is of note is that the judges apparently considered the cost to the NHS of having fully supervised dispensing. But perhaps they should have considered the relative costs of dispensing by pharmacists and dispensing doctors, as well as the cost to the patient.

## CHEMIST & DRUGGIST

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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## Pharmacy loses appeal against dispensing doctor delegation 4

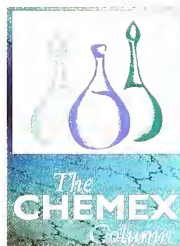
The Appeal Court has refused to outlaw the practice of doctors delegating prescription dispensing to unqualified surgery staff

## Pharmacists give some leeway with new analgesic regulations 5

Packs without new warnings can be sold until January 1, 1999

## Weleda funding HA study into effectiveness of headlice shampoo 5

Nottingham HA examines the ability of rosemary to tackle head lice



## PPA fraud unit takes on 20 new staff 6

\$330,000 investment to up work force by 50pc

## Countdown to Chemex '98 16

Check out the latest news and products for exhibitors and visitors

## Update: falling foul of food poisoning i-viii

Plus ethnic minority health care

## Jeff Harris: the European Juggler 20

The issues confronting Alliance Unichem



## University of Derby unveils Doctor of Pharmacy degree 22

Clinical post-Masters DPharm programme is the first in the UK

## Independent pharmacies losing OTC battle 24

Major supermarket chains account for 15 per cent of OTC sales

## Numark to harness Source Informatics IT skills 25

Source to begin working with Numark in the autumn

## REGULARS

Northern Ireland Notebook	7	Business News	24
Topical Reflections	7	Advance Information	25
Prescription Specialities	8	Classified Advertisements	26
Counterpoints	10	Business Link	31
Letters	23	About People	34

# Pharmacy loses appeal against dispensing doctor ruling

It is unlikely the requirement for pharmacist supervision in pharmacies will be affected by an Appeal Court ruling on doctors' surgery assistants dispensing.

The Court refused last Thursday to outlaw the practice of doctors delegating prescription dispensing to unqualified surgery staff. The appeal decision confirms an earlier ruling in favour of dispensing doctors.

The appeal had been made by three pharmacies affected by dispensing doctors. The pharmacists, who were supported by the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association, had claimed GPs who allow drugs to be dispensed by those who are not registered pharmacists are committing a criminal offence under the 1968 Medicines Act, punishable by up to two years imprisonment.

But on Thursday, Appeal Court judge, Lord Justice Stuart-Smith, handed victory to the GPs when

he described the pharmacists' arguments as "absurd".

"While I accept that there is obviously a public interest in the safe supply of medicinal products, there is also a public interest in controlling the cost of the National Health Service," the judge remarked.

"It is clearly wasteful of scarce human resources and money if a job, which can perfectly well be done by a person with some basic training and ability to read, has to be done by a doctor."

If the pharmacists were right, GPs would have no choice but to both prescribe and dispense drugs in person and, the judge observed, "this would, in my view, be an absurd result".

"This is perhaps all the more so when the construction contended for will involve criminalising conduct which has been very widely adopted for many years," added the judge sitting with Lord Justice Swinton Thomas and Lord Justice Aldous.

The case centred on pharmacies in Westerham, Kent run by Elmfield Drugs Ltd, and in Beverley, North Humberside and Caistor, Lincolnshire, part of Selles Dispensing Chemists, now owned by Moss Chemists. The latter two are small towns, while Westerham is a large village, where local GPs' surgeries have been granted the exceptional right to dispense drugs to patients who live over a mile away from the nearest pharmacy.

The pharmacies had accepted that GPs can dispense drugs themselves, but insisted they had no power to delegate the role to unqualified staff.

Lord Justice Stuart-Smith said rural surgeries had long followed the practice of delegating dispensing roles to nurses or receptionists and the case was of "considerable importance to doctors and pharmacists, particularly in rural areas".

Although it was obviously in the public interest for there to be

a distinction between dispensing and prescribing roles, he said the delegation of dispensing roles to unqualified surgery staff "accords with contemporary experience and practice in rural areas".

Rejecting the pharmacists' warnings on public safety, the judge said GPs would still play a vital role in 'the chain of supply' of drugs to patients because of their exclusive prescribing powers.

"I can see no basis for imposing a far stricter regime on doctors who *ex hypothesi* have prescribed or ordered the medicine for their patients, by requiring them not merely to supervise the supply, as in the case of pharmacists, but actually to perform the mechanical act of delivery in person," the judge concluded.

The pharmacists had their judicial review challenges to the Family Health Services Appeal Authority's decisions dismissed and were ordered to pay the action's legal costs.

Mr Jonathan Fisher, representing the pharmacists, said the profession was deeply concerned that the court's ruling would reduce drugs dispensing to a mere "mechanical exercise" doing away with the need for qualified pharmacists to be on hand in chemists shops.

## Decision met with disappointment

The pharmacy profession has received the appeal ruling with disappointment and concern that it could have further implications for pharmacist supervision.

National Pharmaceutical Association director John D'Arcy said: "This decision highlights the absurd paradox whereby dispensing in a pharmacy must be personally supervised by a pharmacist, but dispensing in surgeries can be delegated to non-qualified members of staff."

Pharmaceutical Services Negotiating Committee general secretary Stephen Axon has written to local pharmaceutical committees about the outcome.

"The judgement does not add a great deal in that it is no worse nor is it much better," he said on Monday. "It is very disappointing that the judges quite clearly did not appreciate what goes on in a pharmacy and their only experience appears to be of obtaining medicines from a vet." However, he added that the judges were applying the law to what goes on in a doctor's surgery.

On the positive side, the doctor's counsel had accepted that the pharmacist's job is to dis-

pense, and the doctor's to prescribe, he said.

Mr Axon believes the decision to take the case to court and then appeal was the right one, saying that over the years it had become apparent it would be necessary to test the situation. "If not now, in five to ten years time people would ask why not. PSNC made a decision and stuck to its guns," he said.

The outcome should not affect discussions between PSNC and the medical profession, said Mr Axon. He described relations as being "friendly and constructive" at the moment.

The mood at Moss Chemists,

owner of Selles Dispensing Chemists, was one of "extreme disappointment". Retail operations director Steve Duncan said that the dispensing process is designed to ensure the correct product is provided and that the counselling given for each patient is entirely appropriate.

"Leaving both the checking and counselling process to untrained staff may mean that vital information is either not given or that any queries the patient wishes to raise will go unanswered or not answered by the person most qualified in such matters, ie the fully trained pharmacist," he said.

### No effect on pharmacy practice

The Royal Pharmaceutical Society's head of the legal department, Sue Sharpe, says that the ruling should not have any implications for the requirements for pharmacists to supervise pharmacies. Nor will the ruling allow the unsupervised sale of Pharmacy medicines from doctors surgeries by unqualified staff.

"In my interpretation, it's a case looking solely at how Section 55 of the Medicines Act applies to dispensing doctors and looks at the supply function," she said on Tuesday, and agreed that the court ruling only confirms the status quo of current dispensing doctor practice.

For the appeal to go further, it would be necessary to petition the House of Lords for a Law Lord hearing. However, Mr Axon thought that there is little likelihood that the case will be pursued.

## Drug Recall

Pharmacia & Upjohn is recalling a number of batches of Minodiol (glipizide) Tablets 2.5mg following two reports of packs labelled as 2.5mg being found to contain rogue Minodiol 5mg. The Minodiol 5mg Tablets can be identified by the scoring on each side of the tablet.

Pharmacists are asked to remove from their shelves any stock from the following batches: 7005/1, first distributed on January 20, 1998; 7005/2, first distributed on March 5, 1998; 7005/3, first distributed on April 17, 1998; and 7005/4, first distributed on May 29, 1998. All affected batches have an expiry date of August 2002.

Pharmacists should contact Pharmacia & Upjohn to arrange for return and credit or replacement. Further information from Customer services on 01906 603873.

## Weleda to fund study into effectiveness of shampoo against head lice

Weleda is funding a study by Nottingham Health Authority to establish the effectiveness of its rosemary shampoo and conditioner in combating head lice.

The company claims rosemary is a traditional conditioning hair care ingredient and it hopes to use the results of the health authority's findings in a marketing campaign for its products.

Weleda pharmacist Kevin Livers says the investigation follows a small pilot study carried out by the company last year, after it

received a telephone call from a community pharmacist in London.

"They asked if we knew our products were proving an effective treatment for head lice. At that time we did not, so the aim of this latest research is to get some concrete evidence," he says.

A rosemary-free Weleda conditioner and shampoo are being used as comparisons in the tests co-ordinated by Dr Richard Slack, head of the authority's

Communicable Disease Control Department, on 150 sufferers in local schools.

Weleda claims local health care professionals, including pharmacists and school nurses, have agreed to co-operate with the study which should be completed by September.

Weleda's Rosemary Shampoo and Rosemary Conditioner are classed as herbal body care products rather than homeopathic lines because of the concentrations of oils used.



## Scots scripts

Over 57 million prescription items were issued by GPs in Scotland in 1997-98, equivalent to 11 items per person, following an estimated 16m consultations between patients and GPs. The figures were announced in the third edition of the bulletin, 'The NHS in Scotland', issued by the Scottish Office Department of Health on Monday.

## PCG seminars

East Sussex, Brighton and Hove Health Authority is holding three seminars for pharmacists on primary care groups. Evening meetings on September 24 in Eastbourne, September 28 in St Leonards, and October 5 in Brighton will discuss 'Opportunities for pharmacists in the new NHS'. Further details from the HA on 01273 485300.

## Mosi-guard recall

Mosi-guard International has issued a recall of its Mosi-guard Natural Roll-on, following a production fault, reducing the level of protection provided. The batches affected are BX R298 8 and BX D1587, issued after April. Customers can contact the manufacturer on 0800 002007.

# More time to clear packs

Pharmacists will have a short time in which to sell some old packs of paracetamol after the new OTC analgesics regulations come into effect on September 16.

From that date, the maximum GSL pack size for aspirin and paracetamol will be 16 tablets and capsules, and the maximum Pharmacy-only pack size will be 32. But the revised warnings for

paracetamol do not have to be on packs or patient information leaflets until January 1, 1999. The industry is preparing leaflets for pharmacists to hand to customers when selling old packs of paracetamol in the interim. The leaflets carry warnings not to take the medicine with other paracetamol-containing products and give advice on seeking medical attention for overdose.

Up to December 31, pharmacists can continue to sell packs which do not carry the new warnings, as long as they comply with the size requirements and are accompanied by the warning leaflet.

The move will enable wholesalers and retailers to clear stocks of cold and flu remedies left over from last winter's 'poor' season.

## Feeds project abandoned but another one bypasses pharmacy

Greater Glasgow Health Board has abandoned a pilot project in which enteral tube feeds were to be supplied directly from manufacturers to patients, bypassing pharmacies (C&D June 20, p4).

But in a pilot project, starting on August 1, incontinence bed pads will be supplied from a central continence department, rather than on GP prescription.

The Scottish Office had planned 'viement' projects in which funding for enteral tube feeds would be removed from the GP10 system and centralised to allow companies to tender contract prices which included

delivery to patients. The health board was to use any savings to employ its own staff to monitor patients at home.

But the board's nutrition support adviser Louise McCombie told C&D that the necessary discounts could not be obtained on ancillary products as well as on feeds, so there was no financial incentive to proceed with the project. The feeds will continue to be prescribed by GPs and dispensed by pharmacists, she said, although the board is still hoping to employ additional staff to help patients discharged from hospital.

In the project, continence

advisers will visit GP practices and review all patients currently using prescribed underpads to ensure that the most appropriate devices are supplied. Prescriptions for these items will probably cease by the end of the year, except for emergencies. Nursing and residential homes will also be supplied directly by the continence department of the Community and Mental Health Services NHS Trust.

Argyll Health Board is to meet next week to discuss whether to proceed with a pilot involving direct supply of incontinence products.

## BrAPP moves

The British Association of Pharmaceutical Physicians has moved to new premises. Its new correspondence address is BrAPP, 26-28 Bedford Row, London WC1H 4HE. Tel: 0171 404 3404; Fax 0171 404 2505.

## £15k for alcohol units

The Health Education Authority is making available grants of up to £1,000 to organisations to support initiatives increasing awareness of alcohol units and their use in measuring consumption. More information about the £15,000 fund is available from Liz Iddienmah at the HEA on 0171 413 1950.

## Footy club

The Society of Chiropodists and Podiatrists has been launched, bringing together the Association of Chief Chiropody Officers and the Podiatry Association. It will be chaired by Dr Muir Gray who chaired the task force that produced the 'Feet First' report.

## New CMO

The new chief medical officer is to be Professor Liam Donaldson, currently regional director of public health at the NHS Executive Northern Region. He will take over in September.

# Script fraud unit increases workforce

The Prescription Pricing Authority's Fraud Investigation Unit is investing £330,000 to take on 20 new staff, increasing its workforce by 50 per cent.

Among the new recruits will be additional investigation officers, analysts and support staff to tackle prescription fraud by contractors. The analysts will also

be looking at patients making false prescription levy exemption declarations, currently estimated to cost the NHS \$90 million annually.

An anti-forgery and anti-counterfeiting bureau is being set up to monitor reports of lost, stolen, forged and counterfeited prescriptions – which cost £15 mil-

lion a year. It will issue warning notices and liaise closely with the police on a national level.

NHS fraud supremo Jim Gee says he is drawing up a strategy of further measures to tackle fraud across the primary care sector and will be linking strategy more closely with operations.

● The FIU is currently investigating 393 cases of suspected fraud, worth an estimated £15m. There are 42 suspected offenders currently on bail, most of whom are NHS contractors or their staff, says the Unit.

The FIU hotline for reporting cases of suspected prescription fraud is 0800 0686161.

## New ESPS planned for Scotland

The Scottish Pharmaceutical General Council is hoping to put proposals for a new Essential Small Pharmacies Scheme to the Scottish Office this autumn.

An SPGC working group has been gathering information since May. SPGC chairman George Romanes told *C&D* the group was trying to find a more workable option than the current system in which pharmacies had to reach a target number of prescriptions each month before they were eligible for the ESP payment. As their prescription numbers varied, they were in a constant state of "financial flux". These fluctuations also made it difficult to know exactly how many ESPs there were in Scotland – it could be between 30 and 60.

## Reprieve for high dose ban on B6?

Nick Brown, the Government's new Agriculture Secretary, has been urged to rethink the ban on high dose vitamin B6 preparations.

Peter Luff, chairman of the Commons Select Committee which attacked the ban, told *Chemist & Druggist*: "I don't think the Committee has been as clear about anything as it was about this issue. The evidence was clear and one-sided – a 100mg voluntary limit is the only way forward."

"I know Nick Brown is a reasonable man and I am sure he will look at the evidence again before committing himself to the policy."

Friends of Mr Brown, the former Government chief whip, said

he was not a 'banner' and would almost certainly reject the advice that Mr Cunningham had received to go ahead with the ban.

The Blair reshuffle could, therefore, act as a reprieve for thousands of campaigners who have been protesting at the Government's proposals to limit doses to 10mg. Jeff Rooker, the agriculture minister who backed the ban on higher doses, remains in place and is still convinced he is right.

Mr Cunningham convinced Mr Blair before the reshuffle that the regulations for the ban should be given the go-ahead by the Commons. There were strong rumours last week that they would be introduced in Parlia-

ment before the MPs rise for the summer recess, but Mr Brown's arrival at MAFF could forestall the plans at least until the autumn, when they could be quietly ditched.

● News that former Agriculture Minister Jack Cunningham had persuaded the Prime Minister to accept the need for regulation of vitamin B6 has been met by a call for his resignation. Following the report which appeared in *The Independent* last week (*C&D* July 25, p6), the director of Consumers for Health Choice, Susan Croft, wrote to its editor calling the minister's action "outrageous". The action has also prompted an Early Day Motion censuring Mr Cunningham's action, to be tabled by three MPs.

## Bid to open another pharmacy in Gnosall

Another pharmacy has applied to open in a surgery in Gnosall, near Stafford, where dispensing doctors have been fighting a pharmacy that opened in the village two years ago.

The doctors claim that their income has been badly hit since TC Cornwell opened. They tried to obtain a contract as a limited company – Gnosall Healthcare – last year, but were turned down on the grounds that another pharmacy was not necessary or desirable.

Now Maxim Point, which has a pharmacy 16 miles away in Norton Canes, has applied to South Staffs HA for permission to dispense from the surgery. It has been dispensing prescriptions for the doctors, then delivering the medicines to the surgery and to patients' homes. A patients' action group has been encouraging local people to boycott the TC Cornwell pharmacy.

The health authority expects to consider the new pharmacy application in August.

## Lifestyle advice on prescription in Grampian

GPs, practice nurses and health visitors in Grampian are 'prescribing' healthy lifestyles for their patients.

The health board has issued them with prescription pads they can tick according to whether the patient needs stress management, smoking cessation advice, more exercise, a healthier diet, information on travel health or more details about a specific health problem. The patient then takes the form to the Health Promotions shop in Aberdeen for

support with lifestyle changes. There is also a free helpline.

Opened in 1994, the Health Promotions shop is not a retail outlet but a division of Grampian Health Board which aims to be a friendly, accessible city-centre advice point on health matters. The prescription forms were pre-tested among GPs, with a positive response, a spokeswoman said. About four or five patients each week are bringing the new forms to the shop, which deals with 800-900 visitors weekly.

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# CHEMEX'98

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## What's in a name?

A trend, particularly obvious in the Greater Belfast area, is to give pharmacies location names rather than the name of the pharmacist owner. I had thought that this practice was deemed unethical by the Pharmaceutical Society as it suggests the pharmacy is the preferred one for that area, and thus the name may create unfair discrimination. This is petty and must have changed because more than half of the pharmacies I pass on my travels have no indication on their fascia of the owner.

There must be some benefits from this fashion. Could it be that with a better informed and more mobile public, keener to bring professionals to court, there is little benefit in having your name widely known and it is better to remain anonymous. Or could it be that with the drift of many independents towards multiple ownership it is necessary for them to form a corporate body.

Names for corporate bodies can be unexciting and may not extend the comfort and respect that the public seem to derive from a person or location name. Yet I find this interesting because as these small multiples grow, surely it is to their benefit to have a corporate image, something about its quality and service that the public can depend on – this is often implicit in a name.

## There is no longer motivation to remain practising in one location

It was some years after I bought my business that the good people I serve finally stopped calling it by the name of the previous owner. Now, I am honoured to say, they use my name. I would hope that when I finally pack away my ointment slab and sell the business, my name will be, by default, there for some time afterwards, that being proportional to the quality of the service I provided.

One of the strengths of independent practice is the ability to have a relationship with patients. It is sad, yet perhaps quite naive of me, to feel that there is no longer a motivation for many pharmacists to spend their practice years in the one location, serving the same population through a number of generations and making sure that their good name is synonymous with the profession they represent.

*Written by a practising Northern Ireland community pharmacist.*



# Topical Reflections

## Keeping the policy makers in touch

I was delighted to read that the new president of the Royal Pharmaceutical Society, Hemant Patel, will be on the RPSGB stand at Chemex this year (*C&D* July 25, p34). True he will only be there for Sunday morning, but considering the pressures of time this is no mean feat and a few hours talking to grass root pharmacists should keep his feet very firmly on the ground.

One of the dangers of any profession is that the policy makers become quickly out of touch with the true opinions of their practising colleagues. It is notoriously difficult to accurately gauge these views because they are individually held and only expressed when personally affected. Surveys, meetings and conferences only enable the already committed to reiterate their already publicly held opinions.

Pharmacy is no different from any other organisation in experiencing these difficulties, but in Hemant Patel it appears to have a president who is prepared to tackle the problem in a different way. He is openly inviting dialogue from an apolitical audience – pharmacist visitors to a trade exhibition. Their thoughts will be individually expressed, but when collated they could provide Hemant with a lot of food for thought and a rare insight into the true opinions of community pharmacists.

## Low prices undermine credibility

I never cease to be amazed at the ability of some of my colleagues to commit professional suicide.

The other day I was asked for a bottle of hypromellose eye drops. I, in turn, asked for £1.30 and was rejected.

"Boots wanted £1.59, yours is £1.30, but I can buy it at my local pharmacy for £0.80."

Now £1.30 is probably too low a price for a 'P' sale but £0.80!

Hypromellose eye drops may be a very common product, but it still requires a professional input to each sale. That professional input has a price and the price charged will be a direct reflection on our professional credibility in the eyes of not just the general public, but also of other professionals. And this principle does not just apply to hypromellose but equally applies to the sale of all medicinal products.

If we undervalue our charges then we undermine our own professional credibility. £0.80 is an insult to the profession. £1.30 is too low. £1.59 is the yardstick I will adopt and closely monitor!

## Blackmailed by biased bonuses

As a single pharmacy, one of my perennial complaints

is tiered discounts. I cannot buy in sufficient quantities to enjoy the maximum bonus, therefore I lose out on profitability to my larger competitors.

Winter bonuses are a particularly sensitive area so I have adopted a policy of concentrating my recommendations on the product range of only a few companies. This way I am able to maximise discounts without ending up with more stock than the wholesaler.

Now it may be the height of summer, but last week I was caught off guard by a visit from the gentleman from Boehringer Ingelheim offering me a 13 as 12 bonus on Pavacol-D and Alupent syrup. Both are good movers, so I started calculating my needs for the winter, only to be brought up short. The bonus was linked to a minimum of five dozen Hill's Balsam products which I now rarely sell.

To me this was one worse than tiered discounts. This was commercial blackmail. Since I was unwilling to commit myself to the quantity of Hill's Balsam products requested, I was unable to purchase the bonus on Pavacol-D and Alupent. Yet my small multiple competitor up the road would easily distribute the minimum purchase of Hill's Balsam among his branches and could then buy whatever quantities of Pavacol-D and Alupent he wished.

Not only will he benefit from a good bonus of Hill's Balsam redistributed between his shops at a level I would be willing to carry, but he will also benefit by increased profitability on the other two linked products. Now that is what I call support for the independent!

# SCRIPTspecials

## Gabitril for epilepsy

Gabitril (tiagabine) is a new antiepileptic drug from Sanofi Winthrop. It is indicated for add-on therapy for partial seizures with or without secondary generalisation where control is not achieved with other antiepileptics. More details follow next week.

**Sanofi Winthrop Ltd. Tel: 01483 505515.**

## Large price increases

Following the transfer of a number of products from Roche Products Ltd to ICN Pharmaceuticals there have been significant increases to the basic NHS prices. The new prices are as follows with old prices in brackets: Mestison Tablets 60mg x 200, £50.15 (£11.14); Efudix Cream 20g, £18.27 (£4.13); Alcobon for Infusion (250ml) 2.5g x 5, £178.44 (£91.07); Librium 5mg x 100, £4.14 (£1.41); Librium 10mg x 100, £5.75 (£1.76). Pharmacists should note that Librium is black-listed under the NHS and these two products are now priced above the reimbursement fee for chlordiazepoxide in the Drug Tariff.

**ICN Pharmaceuticals Ltd. Tel: 01256 707744.**

## Eucardic transfer

Eucardic (carvedilol), a non-selective vasodilating beta-blocker, has been transferred from Roche/Boehringer Mannheim to Smithkline Beecham Pharmaceuticals. Coinciding with this change, Eucardic has also been granted a new indication for chronic heart failure. Two new strengths have been added to the Eucardic range: 3.125mg and 6.25mg, both available in packs of 28 at basic NHS prices of £8.52 and £9.47 respectively. Patients will be titrated up from these new lower strengths to the existing 12.5mg and 25mg strengths, which are already licensed in the market for the management of hypertension and angina.

**Smithkline Beecham Pharmaceuticals. Tel: 0800 716280.**

## Co-codamol 30/500mg

CP Pharmaceuticals has launched Co-codamol tablets 30/500mg in blister packs of 100 tablets at a basic NHS price of £8.28

**CP Pharmaceuticals. Tel: 01978 661261.**

# Plavix: new anti-platelet drug for atherosclerosis

Plavix (clopidogrel 75mg) is a new class of anti-platelet drug for atherosclerotic vascular disease. It is being marketed jointly by Sanofi Winthrop and Bristol-Myers Squibb Pharmaceuticals.

Clopidogrel, a thienopyridine derivative, selectively targets platelet adenosine diphosphate receptors to decrease fibrin binding and reduce platelet aggregation.

It is indicated for the reduction of atherosclerotic events in patients with a history of ischaemic stroke, myocardial infarction or established peripheral arterial disease at a dose of 75mg daily.

Treatment should not be initiated within the first few days following an MI. Lack of evidence however means the drug cannot be recommended in unstable angina, stenting, bypass graft and acute ischaemic stroke of less than seven days.

The drug should be used with caution in gastrointestinal and intraocular lesions and in renally and hepatically impaired patients. Concomitant use with warfarin is not recommended

while caution should be exercised with aspirin, heparin or thrombolytics.

The CAPRIE (Clopidogrel versus Aspirin in Patients at Risk of Ischaemic Events) trial indicated



that clopidogrel 75mg/day was more effective than aspirin 325mg/day at reducing the combined risk of ischaemic stroke, MI or vascular death – the relative risk reduction was 8.7 per cent in favour of the drug over aspirin. The drug was also shown to be well-tolerated.

Plavix 75mg comes in packs of 28 tablets at a basic NHS price of £35.31. Stock is currently available and the drug is expected to be launched to prescribers in the next month.

**Sanofi Winthrop Ltd. Tel: 01483 505515.**

## MEDICAL MATTERS

# More than 25pc of adults smoke

The latest bulletin on smoking from the Government Statistical Service shows that 28 per cent of English adults aged 16 and over smoked in 1996. However, smoking cessation initiatives and awareness of the dangers of smoking have helped reduce this figure from 41 per cent in 1976, although the rate of decline has slowed in recent years.

As previously documented, the prevalence of smoking was shown to be higher in manual rather than non-manual socioeconomic groups (34pc com-

pared to 22pc) and higher in girls aged 11-15 than boys of the same age (15pc compared to 11pc). Overall, 13 per cent of children aged 11-15 regularly smoked, according to 1996 figures.

The statistics also showed that two thirds of smokers in Great Britain wanted to give up smoking and more men than women wished to do so (70 per cent compared with 67 pc).

Copies of the bulletin may be obtained from the Department of Health, PO Box 410, Wetherby, West Yorkshire LS23 7LN.

# Hypothalamus implicated in cluster headache

Cluster headache, one of the most painful conditions affecting humans, may have its origins in the hypothalamus according to an early study in *The Lancet*.

Cluster headache has previously been described as a vascular headache. However, using positron emission tomography to

assess changes in regional cerebral blood flow (rCBF), researchers found activation in the hypothalamus in all patients undergoing an attack. Therefore, cluster headache should be regarded as neurovascular headache to give equal weight to its central and peripheral origins.

## PRODUCT INFORMATION: NUROFEN

**ADVANCE.** Tablet containing: 342 mg of ibuprofen lysine (equivalent to 200 mg ibuprofen) **Also contains:** Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropylmethylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171) **Indication:** For the relief of mild to moderate pain, including headache, rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza **Dosage:** In Adults and Children 12 years of age and older – Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day.

**Precautions and Warnings:** History of hypersensitivity to any component of this product or to any non-steroidal anti-inflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. Precautions: patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/or ibuprofen. Common (>1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01-1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare (<0.01%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with autoimmune disease), GI perforations, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. **Product Licence Number:** PL 13249/0001. **Licence holder:** Johnson & Johnson MSD Consumer Pharmaceuticals HP10 9UF. **Manufactured by:** Merck Manufacturing Division, NE23 9JU. **Legal Category:** P. **Price:** Nurofen Advance 10s £1.65, 20s £2.89, 40s £5.45. **Date:** November 1997. **References.** 1. Nelson SL, Brahm JS, Karn *et al.* Clin Ther 1994;16 458-465. 2. Mehlisch DR, Jasper RD, Brown P *et al.* Clin Ther 1995;17 852-860. 3. Hummel T, Huber H, Kobal G Pharmacology Communications 1995;5 101-108. 4. Cooper SA, Reynolds DC, Gallegos LT *et al.* Clin Pharmacol and Ther 1994;55 126 and Data on file, Boots Healthcare International.



**CROOKES  
HEALTHCARE**

**www.nurofen.com**

CHEMIST & DRUGGIST 1 AUGUST 1998

# ***Advance hits TV***



***Nurofen Advance  
bursts onto screens  
nationwide in  
August with a  
massive £2.5m TV  
campaign.***

Nurofen Advance is a unique Pharmacy only innovation which contains ibuprofen lysine. A number of studies have each shown that ibuprofen lysine gets to work significantly faster than solid dose forms of aspirin<sup>1</sup>, paracetamol<sup>2</sup> and even standard ibuprofen.<sup>3,4</sup>

This new TV campaign will fast forward customers into your pharmacy – so bring your customers up to speed and recommend fast-acting Nurofen Advance to provide rapid pain relief for them and rapid profits for your pharmacy.

***Major campaign throughout August***

***Faster by Design***



# COUNTERpoints

## Lemsip focuses on Pharmacy

Lemsip is being relaunched with eye-catching new packaging, designed to help consumers select the most appropriate cold or flu remedy.

Reckitt & Colman is also showing its commitment to the pharmacy sector with a new emphasis on its Pharmacy products.

The Lemsip Pharmacy range consists of Lemsip Powercaps (10, \$2.99) and Lemsip Pharmacy Power + Paracetamol (10, \$4.09), previously called Lemsip Flu Strength Pseudoephedrine Formula. The 'metallic' red and silver packs are branded 'Lemsip Pharmacy' to remind

consumers that these products can only be obtained at a pharmacy, encouraging repeat business.

The GSL range of Lemsip products has been rebranded 'Lemsip

The entire Lemsip range has been repackaged, with names, layout and colouring all revamped to improve pack communication and ensure consumers can easily select the

most appropriate cold or flu remedy. The packs also meet the new requirements for paracetamol products (MLX 231). Paracetamol-containing capsule packs have been reduced from 10s and 20s to 8s and 16s.

Reckitt & Colman is supporting the relaunch with a \$3m TV campaign which will run from November to February.

**Reckitt & Colman Products.**  
Tel: 01482 326151.



Cold + Flu' and names are now 'benefit-led' rather than 'ingredient-led'. For example, Lemsip Menthol Extra will now be known as Lemsip Cold + Flu Breathe Easy.

## A few drops for colic relief

Seton Scholl Healthcare is expanding its Woodward's range of baby medicines with the launch of Woodward's Colic Drops, a new improved simethicone

formulation for the relief of infant colic, gripping pain and wind.

Each 30ml bottle gives up to 100 doses administered using the plastic dropper provided. Just a few drops (0.3ml) are squeezed into the baby's mouth. The natural orange flavoured liquid is free from colour, sugar and alcohol.

Woodward's Colic Drops are presented in a 30ml plastic bottle with a screw cap and tamper-evident seal (rsp \$2.65).

**Seton Healthcare Group.**  
Tel: 01261 6543000.



## New sizes for Syndol and Paramol

New pack sizes have been introduced for Seton Scholl Healthcare's strong analgesic brands Syndol and Paramol.

The new sizes bring the packs in line with the MCA's MLX231 analgesic proposals.

A Syndol 30-pack (\$4.19) will replace the 50-pack and Paramol will have a new 32-pack (\$4.45) to replace the 36.

Both will be available from August 1. Retailers have until September 16 to sell the old packs.

**Seton Healthcare Group.**  
Tel: 0161 654 3000.



## Antiseptic breakthrough from Band Aid plasters

Johnson and Johnson has relaunched Band Aid with Band Aid Antiseptic, the first

plaster to kill germs and help prevent infection, says the company.

Most plasters have a

medicated strip, which prevents contamination during production, but has no healing action. But the lint plaster pad on Band Aid Antiseptic contains benzalkonium chloride, clinically

proven to kill 99 per cent of germs on the wound.

Band Aid Antiseptic comes in three variants at rsp \$1.99 for 24 single plasters.

**Johnson and Johnson.**  
Tel: 01628 822222.



## Dust off those mites with Unichem

Up to two million house dust mites live in the average bed, feeding on dead skin cells and triggering allergic reactions in as many as three million people who suffer from asthma, eczema, rhinitis and other problems.

Unichem offers a solution with its range of Anti-Allergenic Bedding. The Unichem range uses a soft, 'breathable' barrier fabric which can be fitted over the mattress, duvet and pillows, allowing

normal body heat and moisture to pass through but maintaining a barrier between the sleeper and the dust mites. The barrier also deprives the mites of their major source of food - dead skin cells.

The range includes a pillow protector (rsp \$5.50), a pillow (rsp \$9.95), duvet protectors (rsp \$20.50 and \$27.95) and mattress protectors (rsp \$20.50 and \$26.95).

**Unichem.**  
Tel: 0181 391 2323.

## SB keeps pharmacists informed

Smithkline Beecham is sending an information pack to pharmacists as it launches new pack sizes for its solid-dose products containing aspirin and paracetamol.

The pack includes a summary of the changes, a list of the company's products which are affected, facts about paracetamol and a guide.

The new sizes, to bring the products in line with the Government directive coming into force on September 16, affect large packs of Solpadeine Tablets and Capsules, Panadol, Hedex and some Beechams cold and flu products.

Soluble variants are

unaffected.

Pharmacists with queries should contact their territory manager or ring the Smithkline Beecham Pharmacy Helpline on Freephone 0500 888 878.

**Smithkline Beecham.**  
Tel: 0181 560 5151.



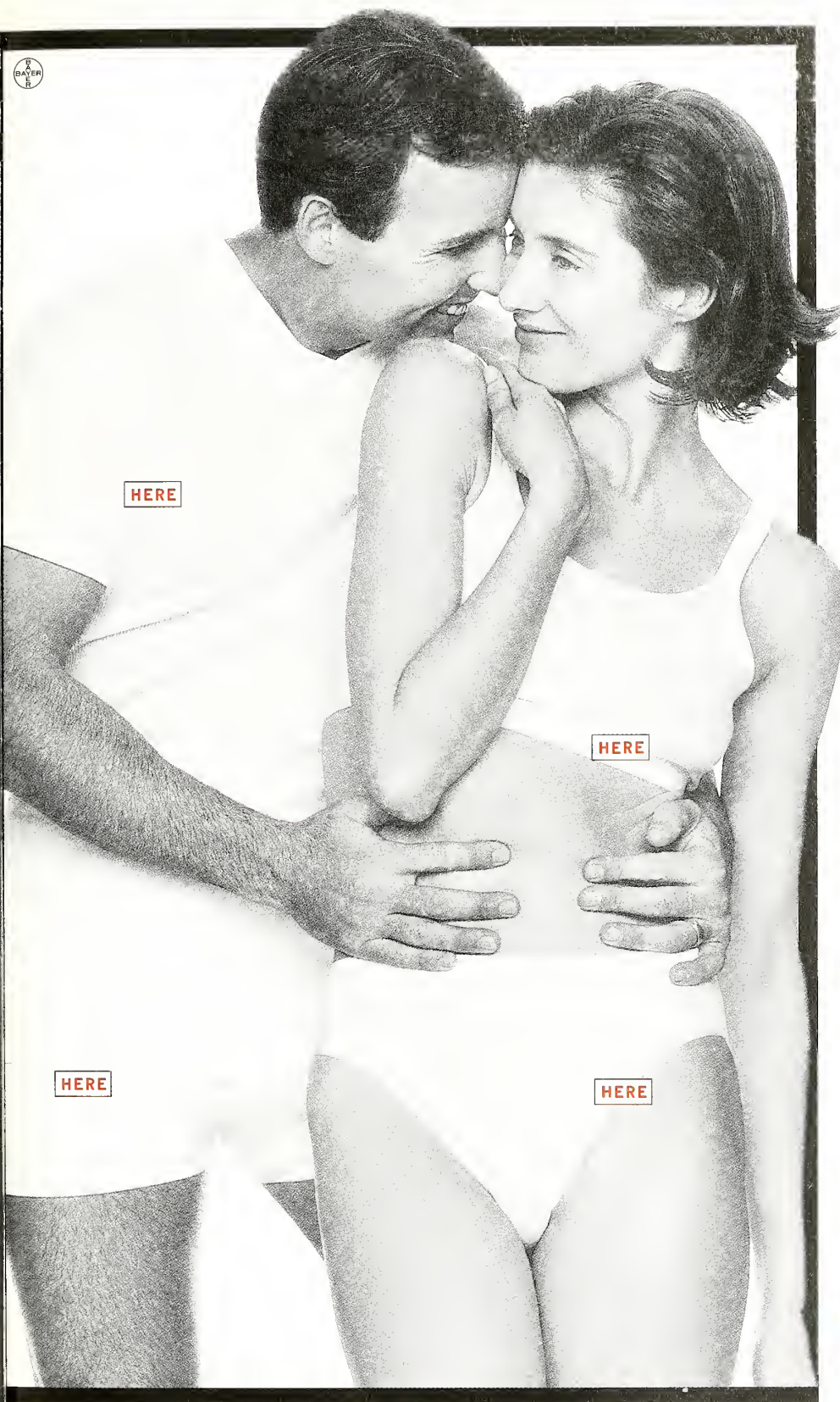
## B-I campaign for pharmacy

Boehringer Ingelheim is set to launch a targeted pharmacist and pharmacy assistant campaign through C&D's sister title Community Pharmacy.

The campaign, running under the Dulco-lax banner, will promote pharmacy as the first port of call for advice and product information about occasional constipation.

The campaign will run from this month to December with educational articles, including a suggested WWHAM protocol, customer question cards and a consumer leaflet.

Pharmacists can call Boehringer Ingelheim representatives for further details on 01344 484448.



It's easy to make the most of sweat rash sales with Canesten Hydrocortisone, especially at this time of year.

Canesten Hydrocortisone is designed to get rid of candidal sweat rash – fast. Its unique OTC combination of 1% hydrocortisone and clotrimazole quickly and safely reduces the inflamed skin, soothes the itch and treats the underlying fungal cause.

As a critical component of our growing antifungal education programme, Canesten Hydrocortisone also features heavily in the latest BEST training module.

Designed to help you identify different dermatological skin infections and treat them effectively, it's another reason why now is your BEST opportunity to profit from the sweat rash market.

Ring Ceuta Healthcare Customer Services on 01202 314 824 for your BEST programme, today.

**Canesten® Hydrocortisone**  
Clotrimazole 1% & Hydrocortisone 1%

**Gets rid of candidal sweat rash**

Get the **BEST** out of sweat rash.

**ridged Product Information for Canesten Hydrocortisone.** **Presentation:** Canesten Hydrocortisone cream containing 1% clotrimazole and 1% hydrocortisone. **Uses:** Athlete's foot and candidal intertrigo where existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years, pregnancy and lactation; on ano-genital area; to treat ringworm or secondarily infected skin conditions. **Warnings:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Package Quantity and Cost Price:** 15g tube, £4.49. **Product Licence Number:** PL 0010/0216. **Further Information Available From:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Date of Preparation:** March 1997

# Advertising Advil on TV

A new TV campaign for Advil airs for the first time on Monday, August 3 and runs until August 22.

The advert, entitled Proof, positions Advil as a strong and effective advanced medicine for pain, with scientific data to support the claim.

The media schedule includes national

coverage on Channels 4, 5 and satellite, with an

shown around popular programmes such as

Friends and new ITV dramas.

Advil 200mg is available in packs of eight, 12, 24, 48 and 98, with Pharmacy-only Advil Extra Strength 400mg in packs of 24

and 48.

**Whitehall Laboratories.**  
Tel: 01628 669011.



extra boost on ITV in London. The commercial will be

## First aid for Fast Aid packs



The Fast Aid range of plasters from Robinson Healthcare has been relaunched in co-ordinated packaging.

All packs now conform to a common design, with fabric, waterproof, clear, children's and big plaster variants colour coded for easier customer recognition. The contents are illustrated on the front of the waterproof, flip-top pack, with pack quantities and details of the sizes and shapes on the back.

Each Ugly Bug plaster features a bold and

colourful character, while Mis-Adventures carry comic-style messages such as Zapped by a Space Alien.

Waterproof, fabric and clear plasters retail at \$1.39 for 24 and \$1.89 for 40; Ugly Bugs and Mis-Adventures are \$1.39 for 15; Blue Eyetec \$2.79 for 40; fabric and waterproof dressing strips \$1.64; Wallets \$0.65 for a pack of eight; and Big Plasters \$1.79 for five.

New PoS material includes branded trays and shelf barkers.  
**Robinson Healthcare.**  
Tel: 01246 220022.

## Scholl promotion is just the ticket

Scholl has extended its \$600,000 cinema advertising campaign until the end of September.

The campaign is designed to coincide with the release of summer blockbuster films and a

complementary promotion in pharmacy is offering 1,000 pairs of cinema tickets to be won inside packs of Odour Control and Fresh Step Insoles.

**Scholl Consumer Products Ltd.**  
Tel: 01582 482929.

## Nationwide relief for dry skin

More than 600,000 consumers will have the chance to sample products from Revlon's Dry Skin Relief range during the DSR Summer Roadshow, running until the end of September.

The roadshow, which kicked off at the Metrocentre in Newcastle, is touring major shopping centres nationwide.

**Revlon International Corporation.**  
Tel: 0171 629 7400.

## TV dates for Jungle Formula



Chefaro UK is supporting Jungle Formula insect repellent with a national TV advertising campaign which runs from Monday, August 3 until August 16.

The commercial will be broadcast nationally on GMTV, Central, Meridian, Anglia, STV, Grampian and West Country.

Product manager

## Colgate relaunches Platinum

Sales of whitening toothpastes are up 7 per cent year on year and Colgate aims to drive further growth with a new look and new formulation for Colgate Platinum.

Platinum combines whitening powers with cavity fighting properties, tartar control and fluoride protection. Its greater whitening and cleaning benefits, says the company, will appeal to style-conscious sensory cosmetic consumers.

The new-look carton features a fifth branded stand-up panel to increase on-shelf visibility and the 50ml tube has an rrp of \$3.99.

The relaunch is part of Colgate's \$19m spend on its oral care range this year and is being supported by a \$500,000 press campaign in women's titles such as *Vogue*, *Cosmopolitan* and *Elle* which runs until the end of October.

**Colgate-Palmolive (UK) Ltd.**  
Tel: 01483 302222.



## Kodak gets set for Christmas

Kodak is looking forward to a busy Christmas, with a \$3m TV campaign featuring Kodak Advantix gift packs on-screen from November. The gift pack range includes three models with rrp from \$39.99 to \$149.99. A full range of PoS material will be available from October.  
**Kodak Ltd.**  
Tel: 01442 261122.

## Portable pain relief



Reckitt & Colman is extending the Disprol range of medicines with a new sachet format for Disprol Paracetamol Suspension.

The new sachets offer customers the option of a liquid medicine – the preferred format for babies – in a portable and convenient presentation.

Each sachet contains 120mg paracetamol. A pack of 12x5ml sachets costs \$2.79.

The banana-flavoured suspension contains no sugar or artificial colourings. It is coloured with a natural vitamin (riboflavin) and does not contain azo-dyes which have been associated with hyperactivity. The sachets are GSL and suitable for open display.

The product is suitable for babies and infants over three months. It can be used to treat common childhood ailments.

**Reckitt & Colman Products Ltd.**  
Tel: 01482 326151.

# NO MORE BAD MOUTHWASHING MOUTHWASHES.

**AT LAST, AN ADVANCED PLAQUE  
REDUCING MOUTHWASH FOR  
USE EVERYDAY.**

If you think some mouthwashes are a washout, New Macleans Direct Action could change your mind for good.

New advanced formula Macleans Direct Action has a higher level of antibacterial CPC at 0.1% w/w. This level has been shown to deliver increased binding of antibacterial to tooth enamel\*, and is clinically proven to give superior plaque inhibition, which helps give greater protection against gum disease.

The Macleans Direct Action formulation, in fact, is proven to be 20% more effective at plaque reduction than a leading anti-plaque mouth-rinse\*.

As Macleans Direct Action is designed for daily use it provides excellent anti-plaque management, particularly useful for patients requiring on-going anti-plaque protection e.g. orthodontic patients. Additionally it has a neutral pH level, a low alcohol content at 8% and contains fluoride to help strengthen teeth and fight tooth decay.

For further information call 0181 975 3422.



**macleans DIRECT ACTION. THE FIRST  
MOUTHWASH DESIGNED TO BRIDGE THE GAP  
BETWEEN MAINSTREAM AND TREATMENT WASHES.**

# Trevor Sorbie adds Comfort to hair care



Comfort Shampoo and Comfort Conditioner are the latest additions to Trevor Sorbie's hair care range, designed to leave

hair "looking healthier and softer than ever before".

Both products contain tea tree oil to cleanse the hair and scalp and pro-vitamin B5 to increase moisture.

Comfort Shampoo (rsp \$3.49) gives an aromatic cooling and tingling sensation and Comfort

Conditioner (rsp \$3.99) also helps reduce frizz and prevent split ends. Both are suitable for all types of hair.

**Brand Managers.**  
Tel: 0181 286 6688.

## Erasmic for the next century

Men are often confused and unimpressed by complex shaving and skin care ranges and just want simple, effective products, says Keyline Brands, which has relaunched its Erasmic brand.

Erasmic has been on the market for more than 100 years and the company says the new look Erasmic offers

"total shaving logic for men" with new formulations, a fresh, clean fragrance and eye-catching packaging.

The range comprises Shaving Foam (rsp \$1.49 for 300ml) with an extra-moisturising formula; Shaving Gel (rsp \$1.89 for 200ml), another extra-moisturising formula which transforms into a rich, creamy lather when dispensed; Shaving Stick (rsp \$0.69 for 50g) for traditional shavers and 100ml Lather Shave (rsp \$1.49 for 100ml), which contains lanolin and glycerin to protect and moisturise the skin.

**Keyline Brands Ltd.**  
Tel: 0181 893 5333.



## Revlon's berried treasures

Revlon's BrazenBerry autumn collection includes Superlustrous Lipstick (rsp \$7.95) and nail enamel (rsp \$5.95) in Baby Berry, Bold Berry, BrazenBerry and Deep Berry, as well as Custom Eyes eye colour (rsp \$4.95) in Berry.

**Revlon International.**  
Tel: 0171 629 7400.

## Relaxing salts and minerals

From September, Natural Science is offering a free Cool It Aloe Vera Body Gel (rsp £6.95) with any purchase from its face, hair, body or sun ranges, while a purchase from the Dead Sea Minerals range offers a free Just Salts Moisturising Bath Salts (rsp £3.95).

**KLM Ltd.**  
Tel: 01372 275932.

## Coty's Exclamation makes its mark with young women

Coty has extended its Exclamation brand with i by Exclamation aimed at women aged 18-25.

Brand manager Barbara Down says: "Our aim is to ensure Exclamation retains its leading position into the new millennium and i by Exclamation has been developed with this in mind."

The heavy glass flacon is shaped like an exclamation mark and the vivid lime green outer sleeve is designed

for maximum impact.

A \$2 million launch package includes press and TV advertising, PR and sales promotions. Press advertising starts in September in titles including *Cosmopolitan*, *More!*, *Sugar* and *J17*. The TV campaign begins on December 1.

The i by Exclamation range includes 15ml and 30ml EDT sprays (rsp \$6.50 and \$9.50); 75ml deodorant body spray (rsp \$2.29) and 150ml APD spray (rsp \$2.50).

**Coty (UK) Ltd.**  
Tel: 0181 971 1300.



## Waxing successful with VO5 summer advertorials

Alberto-Culver is supporting its VO5 Styling Wax and VO5 Soft Moulding Wax with summer advertorials in magazines, including *Bliss*, *17*, *FHM*, *More!*, *Loaded* and *Looks*.

The products are the two top sellers among UK hair waxes, with sales of Styling Wax topping 500,000 and Soft Moulding Wax nearly reaching 250,000.

VO5 Styling Wax

moulds and adds texture, while VO5 Soft Moulding Wax adds shine, controlling flyaway hair and frizz. Both retail at \$2.99 for 60ml.

**Alberto-Culver.**  
Tel: 01256 705000.

## Lifepan draw

Retailers who place an order worth more than £100 with Lifepan Products will go into a monthly prize draw to win a pair of gold Raymond Weil watches worth £500.

**Lifepan Products.**  
Tel: 01455 556281.

## Tropical treats

Superdrug customers can be smothered in sunscreen by male models thanks to a promotion by Hawaiian Tropic on August 1 in five stores nationwide.

**Hawaiian Tropic.**  
Tel: 0990 143528.

## Analgesics update

According to the latest IRI Infoscans data, sales of Nurofen now account for 17.4 per cent of the OTC analgesic market.

**Crookes Healthcare.**  
Tel: 0115 9539922.

## Autumn is Simply Sumptuous

Elizabeth Arden is looking forward to a Simply Sumptuous autumn with its new range of rich colours.

The Simply Sumptuous collection includes limited edition items – Eyeshadow Duo in Golden and Velvet (rsp \$16.50), Exceptional Lipstick in Ruby (rsp

\$12.95), Exceptional Lipstick Liptalker in Sherry (\$10.50) and Rosy cheek colour (\$16.50).

Complementing the limited edition shades are Smoky Eyes Powder Pencil (\$11.50) and Exceptional Lipstick (\$12.95).

**Elizabeth Arden.**  
Tel: 0171 574 2700.

## ON TV NEXT WEEK

**Advil:** Sat

**Arrid XX:** C, A, HTV, W, M, LWT, CAR, C4, GMTV, C5, Sat

**Canesten Combi:** All areas

**Centrum Select 50+:** C4

**Clinomyn Smokers Toothpaste:** A, C, C4, C5, CAR, G, HTV, LWT, M

**Colgate Total:** All areas

**Cover Girl 3-in-1 NailSticks:** All areas

**Imodium Plus:** All areas

**Jungle Formula:** GTV, STV, G, A, M, ITV

**Just for Men:** All areas

**Listerine antiseptic mouthwash:** GTV, STV, G, A, M, ITV

**Max Factor Lasting Colour Lipstick:** All areas

**Pharmaton:** C

**Sensodyne toothpaste/Gentle mouthrinse:** All areas

**Slim Fast:** All areas

**Wella Shock Waves:** Sat

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TSW** TV South West, **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire



# PRICES

At OTC Direct we turn every price on its head.

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## TRY US: LO-CALL 0345 207 207

# Diabetes support for pharmacists and patients



Boehringer Mannheim  
in association with

**CHEMIST & DRUGGIST**

This week the fifth and final accredited module on diabetes care is delivered with *Chemist & Druggist* as a 'pull-out-and-keep' section bound into the centre of the magazine.

Each module includes a question paper that can be evaluated using C&D's telephone marking system.

Pharmacists who register with C&D will be issued with a PIN to access the system. Those who pass each module of the course will receive a Certificate. Boehringer Mannheim is meeting all administration costs, so all you need to do is complete the registration form below.

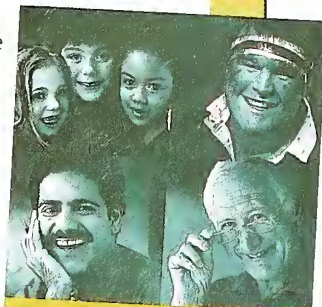
Each module has been registered with the College of Pharmacy Practice. Together the five modules provide six units towards the CPP's postgraduate learning requirement.

The modules will be delivered monthly with C&D from April to August in the first issue of each month. The telephone marking system will be available to registered users until December 31. Certificates will be posted out in February 1999.

The five modules comprising 'Diabetes Support for Life' are:-

- Classification and Diagnosis of Diabetes
- The Role of Insulin
- Control of Diabetes
- Health Promotion for Diabetic Patients
- Practical Pharmaceutical Care of Diabetics

Back issues of the modules are available direct from Boehringer Mannheim by phoning 0800 701000 or via their representatives.



Pharmaceutical care  
of the diabetic patient

Registration Form

Name

RPSGB or PSNI registration number

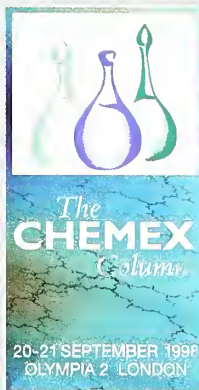
Pharmacy address

Post Code

Tel no.

Fax no

Send this form to Sue Cheeseman, Pharmacy Group Special Projects, Freepost TN 2444, Miller Freeman UK Ltd, Tonbridge, Kent TN9 1BR



20-21 SEPTEMBER 1998  
OLYMPIA 2 LONDON

## BDA boost for Glide floss

The news that Glide dental floss has become the first dental floss to be awarded accreditation by the British Dental Association is likely to provoke added interest in this product on WL Gore & Associates' stand at Chemex '98.

Clinically proven to remove plaque and improve gum health, the floss has been scientifically validated by the BDA after demonstrating safety, quality and efficacy. The accreditation has been awarded in recognition of the product's oral health benefits.

Dr Geoff Craig, chairman of the BDA's Health and Science Policy Group, says: "There are so many dental products now on the market that it is not always easy for consumers to know what to choose." **WL Gore & Associates. Tel: 01506 401312.**



**Alistair MacLean of the BDA presents an accreditation certificate to Kim Proven of WL Gore**

## Don't miss out on a special taste of India

Exhibitors and visitors can enjoy 10 per cent off the cost of a meal or free champagne at two Indian restaurants during the show.

The special offer at the Chutney Mary in Chelsea (Tel: 0171 351 3113) and the Veeraswamy in the West End (Tel: 0171 734 1401) is open to anyone who arrives with their welcome letter or visitor's badge. Chutney Mary on the King's Road has won a

number of major awards and is only ten minutes from Olympia, while Veeraswamy on Regents Street claims to be Britain's oldest Indian restaurant.

The deal covers any order from the *à la carte* menus – excluding the Chutney Mary's set lunch – or a complimentary bottle of Champagne between four or a half bottle between two when ordering two courses.

Visitors to *Chemist & Druggist's* Internet site, [dotpharmacy.com](http://dotpharmacy.com), can now request tickets to Chemex '98 online.

This new service is available at: [www.dotpharmacy.com/chemform.html](http://www.dotpharmacy.com/chemform.html). The site also carries the latest exhibition news at [www.dotpharmacy.com/chemex.html](http://www.dotpharmacy.com/chemex.html).

A new US range of natural skin care and body products will be on the Ken Lamacraft Marketing stand. The Natural Science range comprises Pureline products for the face, body, hair and sun, plus the Dead Sea Minerals collection of mineral-enriched formulae for face, body and bath. A free 'Cool it'

Aloe Vera Bodywash (rsp £6.95) will be available with every 12 products ordered at the exhibition.

**Ken Lamacraft Marketing Ltd.**  
Tel: 01372 275932.



## Food for thought

Health Perception will be promoting its recently launched Cognito nutritional supplement to Chemex visitors. Winner of the 'Best New Product' award at the Helfex Show earlier this year, the one-a-day tablet contains phosphatidylserine – an essential nutrient concentrated in the brain. According to Health Perception, results from clinical trials suggest that PS supplementation can help improve the learning and recall of names, faces and numbers in adults between 40 and 60.

**Health Perception.**  
Tel: 01344 890115.

## Hot stuff

A fluffy hedgehog and a bright ladybird will be two new designs to join the Airflow Loveable novelty covered range of hot water bottles on Haffenden's stand. There will also be a new look for the company's bath mat range.

**The Haffenden Moulding Company Ltd.**  
Tel: 01304 617377.

# New look LEMSIP.

**MOVE BUSINESS.**

**MOVE PROFIT.**

LEMSIP has changed. And it's changed for you. LEMSIP's new and unique pharmacy-branded cold/flu range not only gives you high POR and increased customer loyalty but also offers long-term pharmacy business.

LEMSIP's highly successful self-select Max Strength range (During Dec 97-Jan 98 Max Strength 10s was the No. 1 selling SKU in overall cold/flu market.\*) continues to fulfil your customers need for powerful, trustworthy self-select brands.


Plus, with LEMSIP's new eye-catching and easy-to-understand packaging, a £3m Max Strength National TV campaign and OS support for the Pharmacy Range adds up to a new look LEMSIP that works for you. Stock up for more business and more profit on LEMSIP now. Call **0500 208209** to arrange a visit from a LEMSIP representative.

Source: IRI Infoscan (Cash Rate of Sale).



**Reckitt & Colman  
Products Limited**

**Powerful medicine that works for you.**

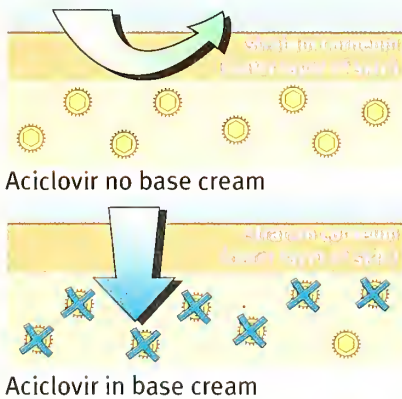
Always read the label  
Lemsip and  are trademarks.

# Are all aciclovir formulations really the same?

*Several new aciclovir formulations have recently been launched onto the cold sore market. At first sight they may all appear the same. This is not necessarily the case.*

## Critical role of aciclovir carrier

Aciclovir is a highly effective, specific antiviral agent. However, the skin penetration of aciclovir alone is poor due to low-fat solubility. Without a suitable cream base, aciclovir cannot penetrate the skin to reach the site of cold sore infection at sufficient concentration to prevent viral replication.



This means aciclovir can only fight cold sores effectively if it is combined with a special cream base formulation.

## Intensive development of patented formulation



Over a period in excess of six years, over 100 formulations were tested and rejected by Wellcome scientists before Zovirax Cold Sore Cream was

selected for its optimal performance. Its specially developed Absorption Accelerator formula helps ensure that the active ingredient quickly passes through the skin to the site of virus infection. The Zovirax formula has been clinically tested for its efficacy in cold sore treatment and prevention. It is still protected by patent ensuring that it cannot be copied by any other manufacturer.

## Superior efficacy versus alternative aciclovir formulation

Zovirax has recently been tested against an alternative aciclovir formulation to establish whether there are differences in antiviral efficacy. A comparative animal model was used as it mimics the human cold sore virus infection in clinical appearance, disease progression and duration. The graph demonstrates that treatment with Zovirax Cold Sore Cream



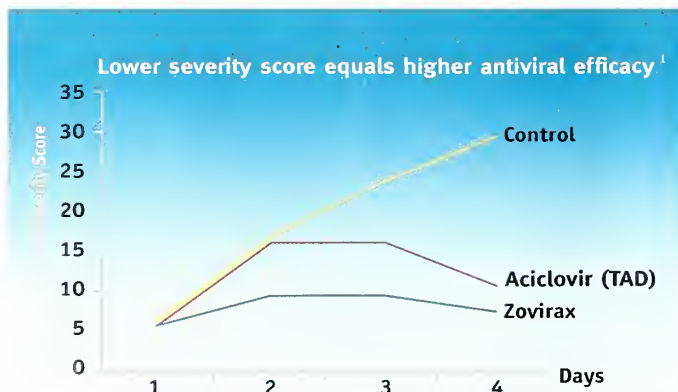
reduces lesion severity to a greater extent than both control and competitor (manufactured by TAD) throughout its duration. This shows that Zovirax Cold Sore Cream has significantly superior antiviral efficacy than the competitor formulation. **Hence, pharmacists and counter assistants should be aware that not all aciclovir formulations are the same.**

## Zovirax Cold Sore Cream – Nothing is more effective for cold sore treatment and prevention

Used early, Zovirax has been shown to either prevent a cold sore appearing or limit its development to a fifth of its normal size in nine out of ten cold sore sufferers.<sup>2</sup> Zovirax can also speed healing by up to 2.6 days<sup>3</sup>.

**Your customer wants the discomfort and embarrassment of a cold sore kept to a minimum. So when you're called upon to make recommendations for cold sores, you can be confident that Zovirax delivers.**

**References**  
1. Data on file 1998 – animal model of cutaneous Herpes infection. 2. P Biagioni and P-J Lamey. Aciclovir cream prevents clinical and thermographic progression of recrudescence herpes labialis beyond the prodromal stage, *Acta Derm Venereol (Stockh)* 1998; 78: 46-47. 3. Van Vloten WA et al. *J. Antimicrob. Chemother.* 1993;12, Suppl.B:89-93



### Essential information

Presentation: Smooth white cream containing Aciclovir 5% w/w in a water miscible base. Uses: Treatment of herpes simplex virus infections of lips and face. Dosage and Administration: Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the prodrome. If healing has not occurred, treatment may be continued for up to an additional 5 days. Contra-indications: Hypersensitivity to aciclovir or propylene glycol. Precautions: Do not apply to mucous membranes. Do not use for ocular or genital herpes infections. Not recommended for use in immunocompromised patients. Consult your doctor or pharmacist before use if pregnant or breast feeding. Side effects: Transient burning, stinging, mild drying or flaking of the skin may occur. Erythema, itching and contact dermatitis have been reported. Price (ex-VAT): 2g tube £4.67, 2g pump £5.10. Legal Category: P. Further information is available from Warner-Lambert Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hants. SO53 3ZQ. Product licence holder: Wellcome Foundation Ltd, Greenford, Middlesex. Product licence number: 0003/0304 Date of Preparation: July 1998.

# PHARMACYupdate

## Food poisoning

An overview of the various bacterial causes of food poisoning, and its management and prevention



## Ethnic minority health care

How pharmacy can become better prepared to address the particular health needs of ethnic minority groups

*E. Coli* has had its fair share of publicity in the past year, but there are countless other bugs that are just as harmful. **Dr Sarah O'Brien**, consultant epidemiologist at the Public Health Laboratory Service, looks at what else might be lurking in food

# Leaving a foul taste



Poultry is a major source of microbiological contamination that can lead to *Salmonella enteritidis*

**F**ood poisoning is a serious problem – throughout the 1980s and 1990s the rate has increased five-fold.

Around 100,000 people are affected annually, with between 100 and 200 people dying from it each year. *Salmonella* in eggs, listeria in soft cheeses, botulism in hazelnut yoghurt: these are just a few examples of the food hygiene issues that have received media prominence in recent years, not to mention the food-borne outbreak of *E. coli* O157 in central Scotland in November 1996, which affected more than 500 people and claimed 20 lives.

## What is food poisoning?

Every registered medical practitioner has a legal duty to notify

cases, or suspected cases, of certain infectious diseases and food poisoning to the proper officer of the local authority. This legal obligation is contained within the Public Health (Control of Disease) Act 1984.


The definition of food poisoning was not, however, contained within the Act, so the Advisory Committee on the Microbiological Safety of Food developed a definition that was circulated to all doctors in 1992. This states that food poisoning is "any disease of an infectious or toxic nature caused by, or thought to be caused by, the consumption of food or water".

There are many causes of food poisoning including bacteria (eg *Salmonella*, *Campylobacter*, *E. coli* O157, *Clostridia*), viruses (eg small

round structured viruses – SRSV) and other substances (eg heavy metals, mushroom toxins and shellfish toxins). This article covers bacterial causes of food poisoning that are responsible for most cases recorded in England and Wales.

## Incidence

During 1997 a record number of people in England and Wales suffered from food poisoning. Almost 94,000 cases were officially reported, although the true burden of food poisoning is likely to be much higher. Indeed, it is estimated that the real figure may be up to ten times as high as that which comes to official notice. It is anticipated that there will be more than 100,000 cases of food poisoning notified during



**THE COLLEGE OF PHARMACY PRACTICE**

THIS COURSE (MODULE 1098), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN C&D SEPTEMBER 12, PROVIDES ONE HOUR'S CONTINUING EDUCATION

## OBJECTIVES

- To be able to recognise the symptoms of food poisoning
- To be aware of the incidence of food poisoning
- To be aware of which bacteria can cause food poisoning
- To understand the principles of management
- To be aware of techniques that can improve food safety

1998 demonstrating that these diseases cause a considerable community burden.

The age-specific incidence varies. Children tend to be the biggest group affected, although this may partly reflect the tendency for children to be taken to see their GP more often than adults. Children and the elderly, plus vulnerable groups such as the immunocompromised, tend to be the worst affected. This may be related to host factors such as immature immunity in childhood and waning immunity in old age.

## Bacterial causes of food poisoning

The main bacterial causes of food poisoning are summarised in Table 1. There are two basic mechanisms by which illness is caused. The first is by infection whereby the bacteria invade the gut wall. The second mechanism involves the production of toxin in the food which is then

Continued on P11 ►

◀ Continued from P1

ingested. However, some organisms, like *Clostridium*, are intermediate between infection and intoxication, producing a toxin in the gut once they have been ingested.

● **Campylobacter**  
*Campylobacter* is now the most common bacterial cause of gastro-enteritis in England and Wales and there were more than 50,000 laboratory confirmed cases in 1997. Illness is associated with eating contaminated food, particularly undercooked poultry, milk or water. The incidence is seasonal, peaking in the summer months.

The pathogenesis of *Campylobacter* infection involves invasion of the intestinal mucosa at points from the jejunum to the distal colon. An inflammatory response occurs at the site of invasion, along with ulceration and possible micro-abscess formation. Infection with *Campylobacter* causes a wide spectrum of disease from self-limiting diarrhoea to a life-threatening enterocolitis.

● **Salmonella**  
There are more than 2,000 serotypes of *Salmonella*, many of which have been implicated in food-borne disease in humans. The principal pathogens in England and Wales are *S*

Table 1: Bacterial causes of food poisoning

Agent	Type of food poisoning	Incubation	Symptoms
<i>Campylobacter</i>	infection	two to 11 days (usually three to five)	diarrhoea, classically bloody, severe abdominal pain, malaise
<i>Salmonella</i>	infection	six hours to seven days depending upon infecting dose and serotype (usually 12 to 36 hours)	diarrhoea, vomiting, fever, headache
<i>E Coli</i> 0157	intermediate	one to 14 days (usually two to seven)	diarrhoea, haemorrhagic colitis, abdominal pain
<i>Clostridium perfringens</i>	intermediate	eight to 22 hours	abdominal pain, nausea, diarrhoea
<i>Clostridium botulinum</i>	intoxication	12 to 96 hours (usually 18 to 36)	double vision, respiratory and generalised paralysis, vomiting, diarrhoea
<i>Staphylococcus aureus</i>	intoxication	two to six hours	sudden onset of nausea and vomiting
<i>Bacillus cereus</i> vomiting type	intoxication	one to five hours	sudden onset of nausea and vomiting
diarrhoeal type	unknown	eight to 20 hours	abdominal pain, diarrhoea
<i>Vibrio parahaemolyticus</i>	infection	two to 28 hours (usually 12 to 18)	diarrhoea, mild fever, occasional vomiting

*enteritidis*, *S typhimurium* and *S virchow*. Of the 32,169 laboratory confirmed cases of salmonellosis in England and Wales in 1997, 71 per cent were due to *S enteritidis*. Illness is associated with eating contaminated food products, predominantly poultry and eggs. There have, however, been famous

outbreaks of food poisoning associated with unusual foods such as *S napoli* in chocolate, *S typhimurium* 124 in pepperami and *S goldcoast* in cheese. The incidence of salmonellosis is seasonal, peaking in late summer.

The pathogenic mechanism involves the bacteria entering into enterocytes. Neutrophil infiltration of the mucosa occurs, the release of local and systemic inflammatory mediators promoting fluid secretion into the gut. Illness is characterised by diarrhoea, vomiting and fever. The diarrhoea usually settles within ten days. Occasionally the bacteria may invade the bloodstream, causing gram-negative septicaemia which carries with it a significant mortality.

● **E coli 0157 and other verocytotoxin-producing E coli (VTEC)**  
In the early 1980s, *E coli* 0157 emerged as an important cause of food-borne disease. Unlike *Campylobacter* and *Salmonella*, *E coli* 0157 does not invade the gut mucosa. It produces a toxin that acts on enterocytes and on the vascular endothelium. Outbreaks have been associated with a variety of foods including undercooked beef, unpasteurised milk or milk products or contaminated drinking water. *E coli* 0157 infection may lead to diarrhoea or, classically, haemorrhagic colitis. It is usually a self-limiting illness

but fatalities occur, especially in the elderly.

Up to 19 per cent of people go on to develop complications, either haemolytic uraemic syndrome (HUS) or thrombotic thrombocytopenic purpura (TTP). HUS is a leading cause of acute renal failure in children from which between 2 and 10 per cent will die. The development of a fever can indicate the development of complications. Other strains of *E coli* of the 'O' serotype also produce verotoxin and produce similar clinical picture.

● **Clostridia**  
*Clostridium perfringens* is the third most common bacterial cause of food poisoning in the UK. It is characterised by cramping abdominal pain and diarrhoea and is short-lived, the symptoms having usually resolved in 24 hours. It typically occurs when a meat stew is cooked and allowed to stand at room temperature before being eaten cold or reheated. These conditions allow the organism to produce spores which, when eaten, produce the toxin in the gut.

Botulism is a severe, life-threatening disease caused by the toxin produced by *Clostridium botulinum*. The toxin is one of the most lethal known to man and attacks the nervous system producing a symmetrical paralysis. With

General outbreaks of infectious intestinal disease reported to the PHLS Communicable Disease Surveillance Centre for England and Wales

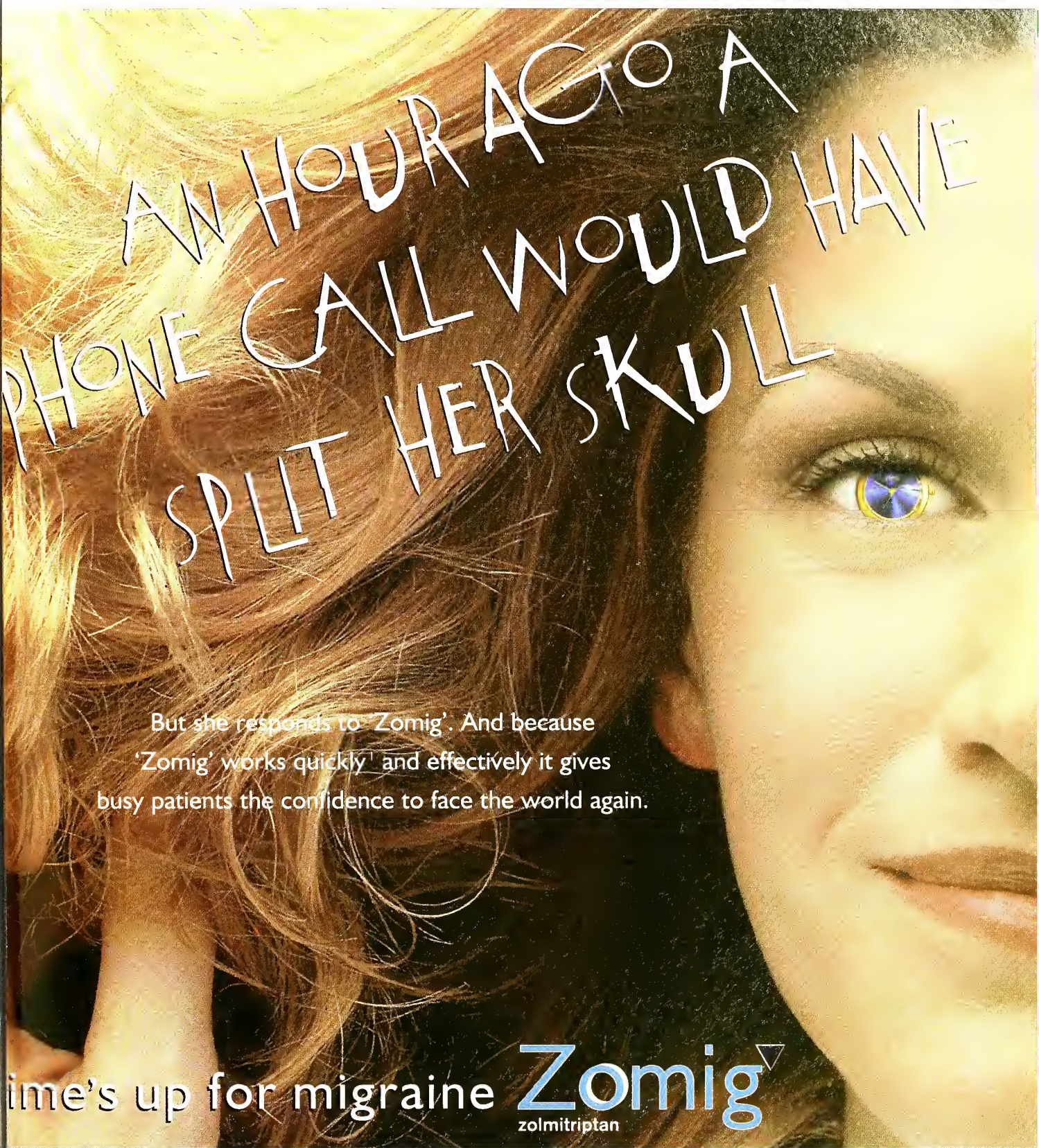
Number of food-borne outbreaks by organism and year

ORGANISM	1994	1995	1996*	1997#
<i>Salmonella enteritidis</i> PT4	52	55	47	58
<i>S enteritidis</i> other phage types	11	9	14	33
<i>Salmonella typhimurium</i>	18	14	10	16
<i>S Virchow</i>	5	4	1	2
Other <i>Salmonella</i> serotypes	5	8	9	5
<i>Clostridium perfringens</i>	21	18	18	23
Small round structured virus	17	14	7	7
<i>Bacillus cereus</i>	7	8	4	3
Scombrotxin	8	9	6	7
<i>Escherichia coli</i> 0157	—	5	7	4
<i>Campylobacter</i>	5	3	6	5
<i>Staphylococcus aureus</i>	2	1	5	—
<i>Bacillus subtilis</i>	1	2	2	2
Small round virus	3	1	—	—
<i>Shigella sonnei</i>	1	—	—	—
Astrovirus	1	—	1	—
<i>Cryptosporidium</i>	—	1	—	—
Rotavirus	1	—	—	—
<i>Shigella flexneri</i>	—	—	1	—
Other	2	1	1	1
Unknown	29	24	17	22
TOTAL	189	177	156	188

Source: Public Health Laboratory Service

Notes: \* Provisional # Interim data. Data for 1997 is still being collated and therefore the figures will change

Continued on P10



But she responds to 'Zomig'. And because 'Zomig' works quickly' and effectively it gives busy patients the confidence to face the world again.

Time's up for migraine **Zomig**<sup>▽</sup>  
zolmitriptan

**ZOMIG**  
**Adult Summary of Product Characteristics before prescribing.**  
**Initial reporting to the CSM required.**  
Acute treatment of migraine with or without aura.  
**Dosage and Administration** Tablets containing 2.5mg of zolmitriptan.  
The recommended dose of 'Zomig' to treat a migraine attack is 2.5mg.  
If symptoms persist or return within 24 hours, a second dose has been shown to be effective.  
If a second dose is required, it should not be taken within 2 hours of the initial dose.  
If satisfactory relief is not achieved, subsequent attacks can be treated with 5mg doses.  
In patients who respond, significant efficacy is apparent within 1 hour of dosing.  
In the event of recurrent attacks, it is recommended that the total intake of 'Zomig' in a 24 hour period should not exceed 15mg.  
'Zomig' is not indicated for prophylaxis of migraine.

Safety and efficacy of 'Zomig' in paediatrics, adults over the age of 65 and patients with hepatic impairment have yet to be established.  
**Contra-indications** Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.  
**Precautions** A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.  
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.  
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended.  
As with other 5HT<sub>1D</sub> agonists, atypical sensations over the precordium have been reported after administration of 'Zomig' but in clinical trials these have not been associated

with arrhythmias or ischaemic changes on ECG.  
'Zomig' may cause mild transient increases in blood pressure.  
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other 5HT<sub>1D</sub> agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.  
**Undesirable Effects** Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported.  
Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.

**Legal Category** POM  
**Product Licence Number** 12619/0116  
**Basic NHS Cost** 3 tablet pack (2.5mg) £12.00. 6 tablet pack (2.5mg) with wallet £24.00.  
'Zomig' is a trademark of the Zeneca group of companies.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

98/9046/K/Issued February 1998

**Reference:**  
1. Zomig Summary of Product Characteristics. In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

**ZENECA**

## ◀ Continued from P11

prompt treatment in hospital including respiratory support, about 75 per cent of cases survive. Illness is caused by eating the pre-formed toxin in food. A single case may herald a national emergency in an attempt to trace the contaminated food.

● **Other bacteria**

*Staphylococcus aureus* and *Bacillus cereus* are further examples of toxin-mediated food poisoning. Both produce sudden onset of vomiting within hours of eating the pre-formed toxin in food. *Bacillus cereus* can also cause a

diarrhoeal illness, although the toxin that causes diarrhoeal symptoms is different from that which causes vomiting. Both staphylococcal and *B. cereus* food poisoning are short-lived, lasting a matter of hours. *Vibrio parahaemolyticus* food poisoning usually occurs after eating infected shellfish, producing abdominal colic and profuse watery diarrhoea. Symptoms are caused once the organism has been eaten and toxin has been produced within the gut.

**Management**

Only a fraction of the people who suffer from food poisoning ever seek help from their GP. If a patient does present, the GP may obtain a faecal specimen for submission to the local microbiology laboratory, thus confirming the diagnosis. Warning signs that should prompt referral to a GP include prolonged symptoms and the development of bloody diarrhoea.

Treatment of most cases of food poisoning is supportive, ensuring that the patient maintains their fluid intake. In most cases oral rehydration with a glucose electrolyte solution is sufficient. In severe cases intravenous fluid replacement in hospital may be required.

Although anti-emetics may help the patient to keep fluids down, the use of antimotility agents is not encouraged. By slowing down gut peristalsis, bacteria and/or their toxins stay around in the intestine for longer. This means that more toxin might be absorbed or that more bacteria gain the opportunity to invade. This applies particularly to *E. coli* O157 infection where the use of antimotility agents may promote the development of HUS. The old adage "better out than in" applies.

Similarly, antibiotic treatment in uncomplicated food poisoning is not recommended. In general, the

use of antibiotics does not reduce the clinical course of the illness and may promote the development of antibiotic resistance. Indeed, it is chastening to note the rapid and widespread development of quinolone resistance in *S. typhimurium* since introducing these antibiotics only a decade or so ago.

**Prevention of food-borne disease**

There are problems at all stages of the food chain and there will be no real progress without a co-ordinated collaborative approach involving government, agriculture, veterinary and public health departments in the UK and overseas. Progress will also need the co-operation of farmers, the food industry, retail sectors and consumer associations.

Ten factors that would significantly improve food safety are:

- 1 a reduction in the microbiological contamination of chickens by
  - eradicating *Salmonella enteritidis* in breeder flocks
  - improving poultry processing
  - identifying sectors of the poultry market that have consistently poor microbiological results
- 2 improvements in inspection systems for examining food producers and wholesalers
- 3 educational programmes to
  - educate the public about food hygiene issues
  - teach food hygiene in schools
  - improve and widen training of food handlers
- 4 review the sale of unpasteurised milk
- 5 reinforcement of the regulations governing perishable foods
- 6 the introduction of labelling regulations to allow food to be traced back to the producers if it is implicated in an outbreak
- 7 reiterate the Chief Medical Officer's warning about the consumption of raw eggs

**ACTION PLAN**

1. Devise an algorithm for your response to a request for "something for my food poisoning"
2. In your practice workbook list the difference in symptoms and outcomes between food poisoning due to gut wall invasion (such as endotoxin type infection) and those which produce a toxin (exotoxin type infection)
3. Include in the above list typical sources of infection
4. For the next 20 customers who ask for advice on treatment for diarrhoea, list in your practice workbook the possible cause and your recommendation. How many do you treat with an antimotility drug? Is this the result of patient pressure?

- 8 review the evidence and legislation concerning the spread of farm slurry and sewage sludge onto agricultural land
- 9 enforcement of the legislation that requires all animal foodstuffs to be free of *salmonellae*
- 10 a concerted effort to reduce the microbiological contamination of compound meat products such as sausages and burgers, particularly in the 'economy' products where contamination is greater.

C&D is accredited by the College of Pharmacy Practice as a provider of distance learning until March 2000.

**RESOURCES**

**Public Health Laboratory Service – Communicable Disease Surveillance Centre.**  
61 Colindale Avenue, London NW9 5EQ. Tel: 0181 200 6868.  
**The British Digestive Foundation.** 3 St Andrews Place, London NW1 4LB.  
Tel: 0171 486 0341. Internet – <http://www.bdf.org.uk>

**Prevention**

Avoiding those foods commonly implicated in food poisoning is impractical, since both *Salmonella* and *campylobacter* bacteria are killed when cooked thoroughly. The following tips may be helpful:

- growth of bacteria can be prevented by ensuring that all food stored in the refrigerator is covered and chilled at around 4 deg C. Ensure that chilled or frozen foods are not allowed to warm up in the car on the way back from the shops
- hands should always be washed after visiting the lavatory
- hands should be washed after handling raw meat or eggs, particularly before handling other foods
- ensure thorough cooking and reheating of all meat, especially poultry and eggs and particularly when using a microwave oven. The small risk associated with foods containing uncooked eggs, such as mayonnaise and certain puddings, should be noted. Red kidney beans should be cooked for the recommended time to destroy toxins present
- utensils which have been used for raw eggs or meat should not be re-used without thorough washing with hot water and detergent
- salads should be washed thoroughly before eating

**PHARMACYupdate distance learning for pharmacists**

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the September 12

issue, which will cover this week's CPP-accredited modules, together with those in the August 15 issue.

The MCQ paper for the July modules will be enclosed in next week's C&D covering:

- Accidental poisoning (1095)

- Fat soluble vitamins (1096)
- Thyroid disorders (1097).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply).

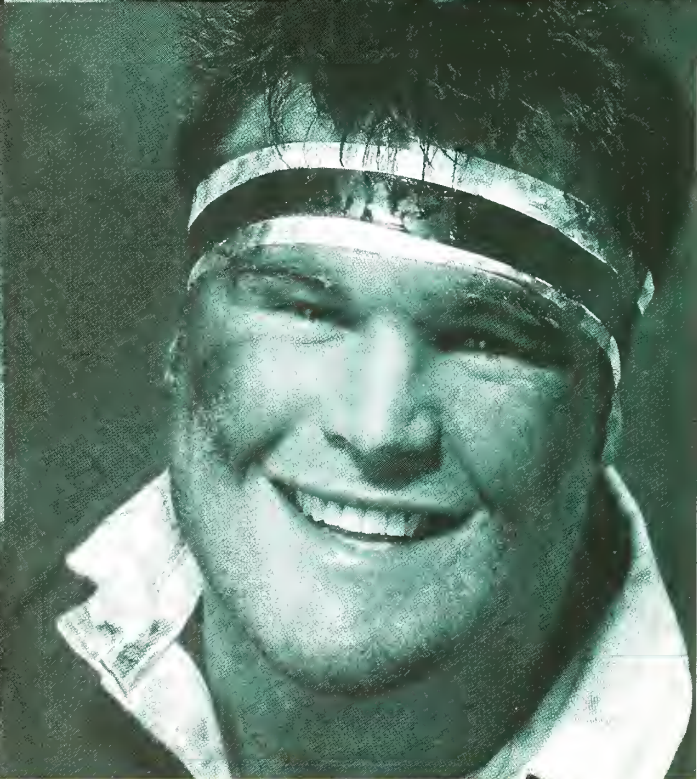
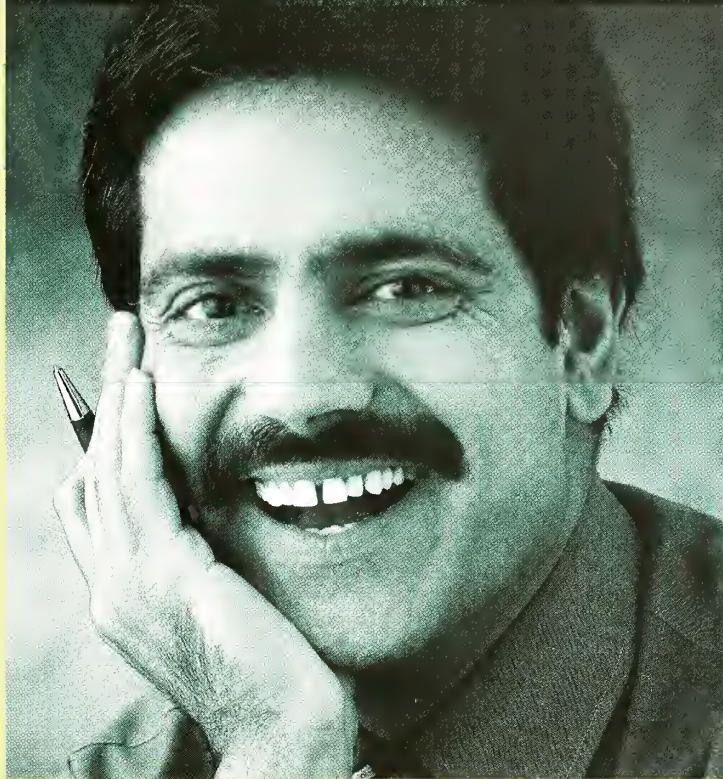
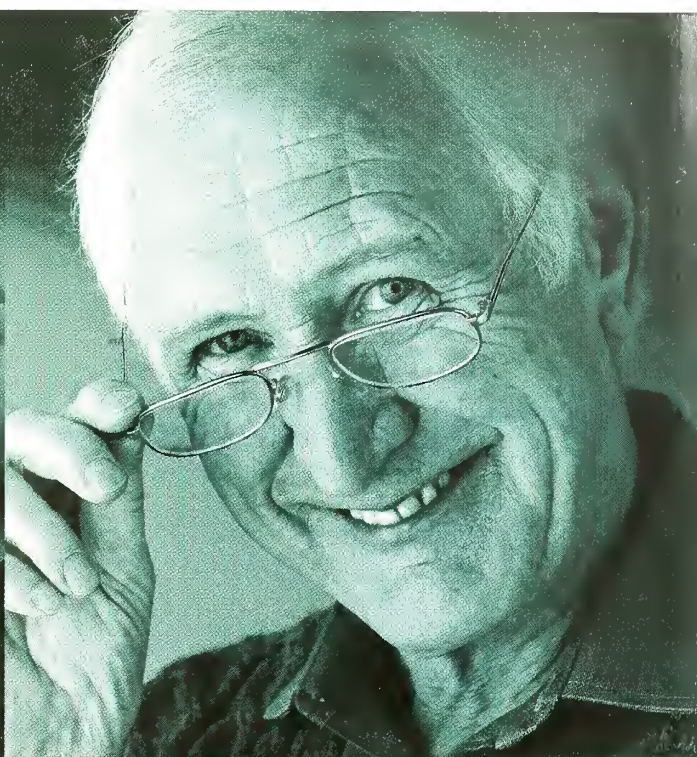
A telephone marking service offers independent verification of results – details

are given on the monthly MCQ papers.

**C&D in association with**



**GENUS PHARMACEUTICALS**



# Practical Pharmaceutical Care

Written by Terry Maguire

WORLD'S

is designed to meet  
the requirements of



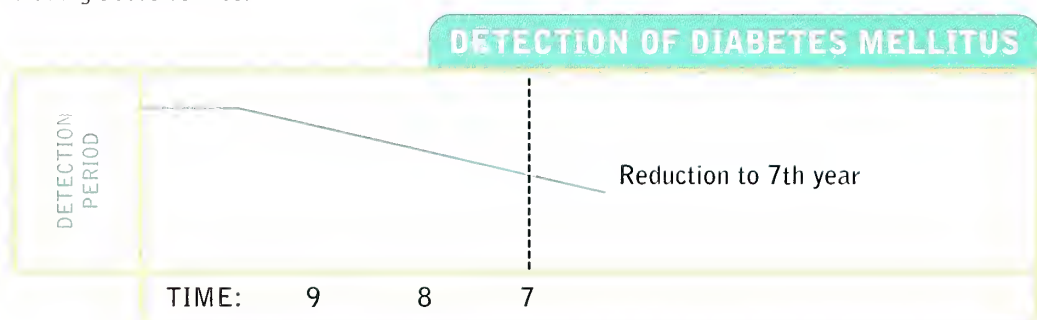
Better Management in Diabetes Care

in association with

**CHEMIST &  
DRUGGIST**

# Early detection of diabetes mellitus

It has been stated in an earlier module that nearly half of the patients suffering from NIDDM have not been diagnosed. It takes on average around 9 years from developing the disease to detection. Detection is often accidental, for example, during a routine medical examination. With greater vigilance by the primary healthcare team this figure of 9 years before detection might be reduced to 7 years. ***This will reduce the long-term problems associated with diabetes; heart disease, eye diseases and kidney disease.*** Community pharmacists can have a part to play in early detection both when responding to symptoms and by providing a blood glucose service.



## Responding to symptoms

Each pharmacy must have a protocol for the sale of OTC medicines and for dealing with requests for advice on minor symptoms. Within this service it is important to keep alert for the signs and symptoms of diabetes. ***Where you suspect someone might have NIDDM they must be referred to the GP,*** perhaps with a referral form such as the one provided by the National Pharmaceutical Association. In addition, you might offer them a blood glucose test and report the result to the GP.

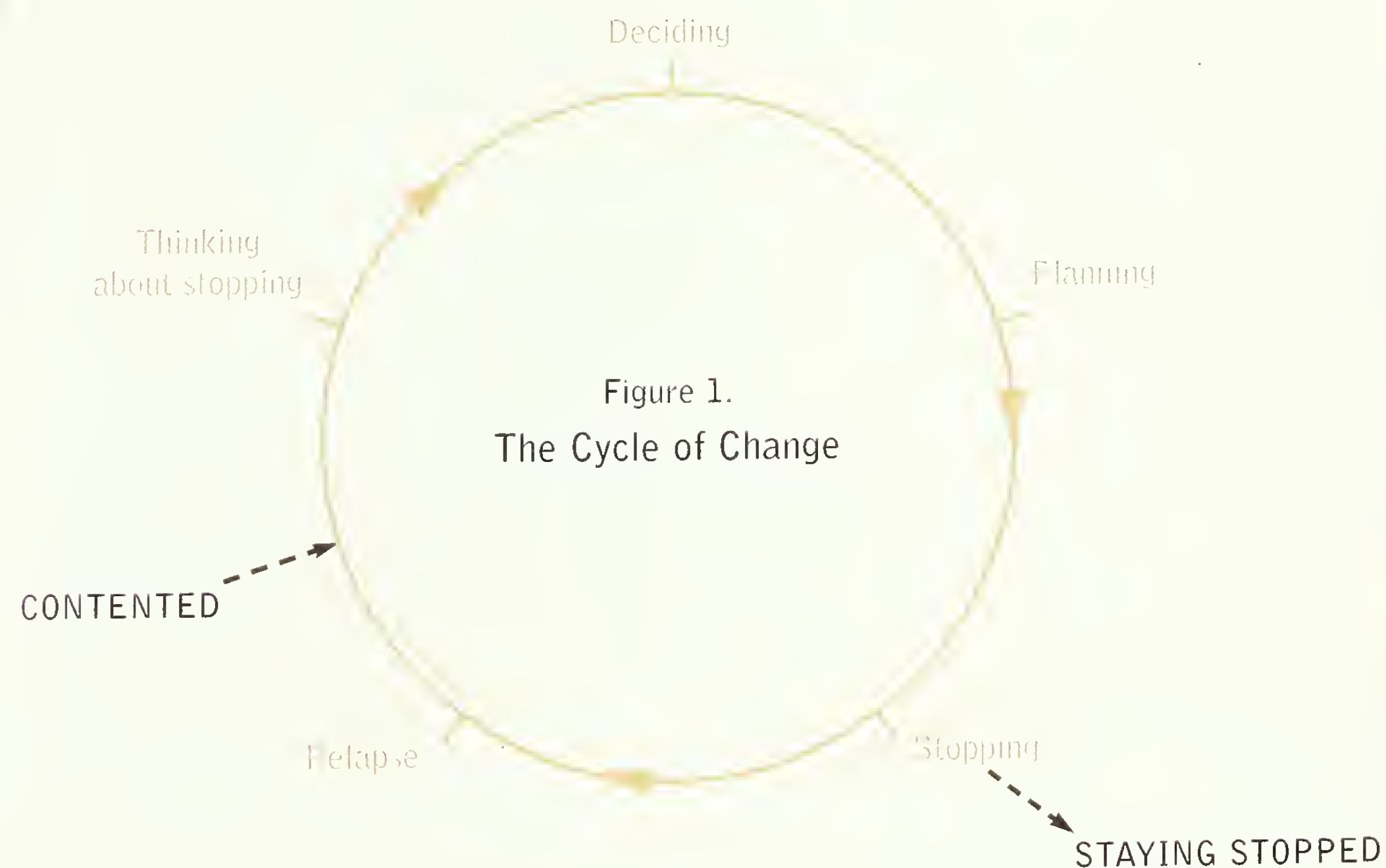
## Blood glucose measuring service

***A blood glucose service is offered by a number of pharmacies and has been shown to be useful in screening patients for raised blood glucose.*** A number of easy to use and inexpensive meters are available. Where a blood glucose measurement is beyond the normal range (4-8mmol/L) then the patient should be referred to the GP for further assessment. A referral form with the patient's blood level should be sent to the GP but the pharmacist must ensure that the patient is not alarmed and certainly it would be incorrect to attempt a diagnosis. ***A one off blood glucose test is certainly not diagnostic of NIDDM.***

# Health promotion

**Pharmacists can become involved in many aspects of health promotion.** This is not only for diabetic patients but clearly it is more critical that patients suffering from IDDM and NIDDM adopt healthy lifestyles as they are at greater risk from a number of chronic diseases. They must adopt a healthy diet, take sufficient exercise, ensure they take good care of their feet **and they must stop smoking.**

Stopping smoking is not easy. Most smokers who stop successfully go through a cycle of change. Within this cycle they move from being contented with smoking to: thinking about stopping, deciding to stop, planning to stop and stopping. Then they either stay stopped or they relapse after a time. Relapse will not lead back to being contented with the habit, rather they will go back to thinking about stopping.



The key to any successful smoking cessation programme is to ensure that by encouragement, such as a gentle, friendly, reminder, that smoking is detrimental to health and that the smoker should try to stop. It is important not to pressurise or lecture. Eventually the smoker will progress through the cycle and when they decide to stop then you might give some further help such as the Pharmacist Action on Smoking Cessation Programme. This programme is designed to provide sufficient information to the smoker to stop and to stay stopped.

**Nicotine replacement therapy is not contraindicated in diabetic patients and might help at the time of stopping.**

# How do you get started?

In this module we have provided some practical suggestions on how you can become more involved in pharmaceutical care and health promotion of patients with diabetes. A good first step is to make contact with a local medical practice. Discuss with them how you might become more involved in a primary health care team approach to care of diabetics.

Start small with one or two patients initially and when you gain more experience in dealing with their medication-related problems you can increase the numbers. We enclose a form that will allow you to keep details and record progress for your diabetic patients and this will allow you to gain confidence in the advice you give them and it will act as a detailed record of what you have done. We also include a list of helpful organisations that can help you with information and advice. There are considerable advantages from becoming involved.

Involvement will:

- add to your job satisfaction
- improve your relationship with your patients (your customers)
- make you a valuable member of the primary health care team

List of helpful organisations:

**British Diabetic Association**  
10 Queen Street  
London  
W1M 0BD

**National Pharmaceutical Association**  
53, St. Peter's Street  
St. Albans

**Boehringer Mannheim Ltd**  
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# In the minority

*Ill health is not spread evenly across our society. It is concentrated in particular groups and places. For example, there are large differences in coronary heart disease deaths in people who lived in this country but were born elsewhere.'*

*('Our Healthier Nation', 1998: pp5)*

**T**he recent publication of the Government's consultative Green Paper on public health – 'Our Healthier Nation' – has flagged up the need to raise the debate about the range of health inequalities between Britain's population groups.

The previous administration was uneasy with the term "inequalities" and was more comfortable referring to the variations in health that exist in our society. The issue of inequality is now to be addressed head-on, and in particular the poorer health of Britain's growing ethnic minority populations.

In the past, interest in the health of ethnic minority populations has tended to home in on the unusual health conditions particularly prevalent among these communities. The result of this was a pathological gaze focusing on conditions such as sickle cell anaemia and thalassaemia, rickets, tuberculosis, perinatal infant deaths and congenital malformations.

Today, we know that TB is more prevalent in homeless people than in any specific minority group. In the light of the re-oriented policy focus on mainstream health inequality, we can expect that concern will be re-directed towards ethnic minority health needs in relation to the Health of the Nation targets.

In this article I have described the key illness characteristics of two main minority groups – the Asian and the Afro-Caribbean populations – by profiling just two of the five Health of the Nation targets. Descriptions of morbidity and mortality are

## Box 1: Lower service use among Britain's ethnic minorities

GP consultations are higher among black and ethnic minority populations

Outpatient attendance is lower in young Asians and Afro-Caribbeans but higher among the middle aged



**The particular health care and pharmaceutical needs of people from ethnic minorities is often overlooked. Dr Jill Jesson, research consultant on social and health issues at Aston University, looks at how pharmacy can become better prepared at delivering health care to these groups**

set in the context of a cautionary note about the scientific validity of epidemiological data. I have also described the institutional support that exists now for identifying issues of concern to Britain's ethnic minority groups.

## Ethnic minority communities

Britain's ethnic minority populations are concentrated in London, the West Midlands and the older northern industrial towns in West Yorkshire and Greater Manchester.

Within these areas ethnic minorities are concentrated in inner city districts because these areas tend to be the geographical magnets for first generation migrants, although recent trends are towards an outward migration to the suburbs among second and third generation migrants with increasing affluence.

Socially, the inhabitants of

inner city districts are disadvantaged in terms of access to resources such as good quality housing, good modern school buildings and employment opportunities. They tend to live in areas with high crime levels, low disposable family incomes, traffic pollution and environmental hazard.

In such areas the inverse Care Law applies, in that many health services are provided by GPs single-handedly, who are near retirement age, housed in inadequate premises and working without support staff.

Thus, the quality of the primary care service is inversely proportional to the pressures placed upon it.

## Epidemiological warning

In theory, all Health Authorities should be able to quantify and describe the health needs of their

population, stratified by age, sex, ethnic origin and therapy group. They can then purchase health services from providers to meet those identified and targeted needs.

In practice, few authorities can do this due to the limitations of current data as well as of financial resource. A source of continued debate is the deficit of reliable epidemiological information. Data on mortality is easier to collate than that on morbidity. Therefore our knowledge is seriously limited by the unavailability of accurate health status data, by ethnic origin, place of birth or religion.

It was only as recently as 1993 that the DoH recommended that ethnic origin be included as a recorded variable in NHS patients' records. This recording was made compulsory in 1995 for all

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hospital admissions, but definitions and data collection remain problematic. Many reported rates of morbidity are therefore subject to bias and open to challenge on the grounds of validity, consistency and reliability.

## Health of the Nation key targets

Towards the end of its term in office the last government began to acknowledge the existence of a number of variations in morbidity and mortality among the population, based on social categorisations – occupation, sex, geographical differences and ethnic group. These variations were well known and frequently debated since the publication of the Black Report in 1986 by public health and socially concerned pressure groups such as the Public Health Alliance.

### Mental health key target

Mental health includes conditions such as schizophrenia, manic depression, psychosis, depression, personality disorders, dementia, neurotic disorders and attempted or actual suicide.<sup>2</sup>

Afro-Caribbeans in Britain have higher rates of hospital admission for mental illness than other groups; in fact, they are between three and six times more likely to be diagnosed as schizophrenic than white people. They are more likely to be detained under the Mental Health Act and to receive stronger treatment and drugs rather than alternatives such as psychotherapy and counselling. On the other hand, the rates of anxiety and depression in the Afro-Caribbean community appear to be lower than in the general population. Suicide rates are also low.

Hospital admission rates among the Asian communities for mental illness are similar to or lower

## Box 2: Britain's main ethnic minority groups

GROUP	HOUSEHOLDS	%	POPULATION	%
Black (African and Caribbean)	325,000	1.6	885,000	1.8
Indian/Pakistani/Bangladeshi	350,000	1.8	1,450,000	2.9
Other, including Chinese	175,000	0.9	620,000	1.2
All		4.1		5.9

Source: OPCS Census 1991

than those of the white population – but this is not necessarily an indication of mental health or lower psychic morbidity. Rather, it is seen to be due to a reluctance to present with mental complaints because of the social stigma attached to mental illness. Alternatively it may be linked to language and communication issues.

Suicide rates among Asian men are low, but in Asian women they are higher than the national average, particularly among young women aged 25-34.

It is believed that 90 per cent of people who commit suicide have some form of mental disorder, but this is not reflected in the suicide pattern and recorded mental morbidity patterns of the ethnic minority groups. This suggests that many underlying causes of mental illness are social or environmental in origin, rather than psychiatric.

### Coronary heart disease key target

South Asians – defined as Indians, Pakistanis, Bangladeshis and Sri-Lankans – living in the UK have particularly high rates of CHD. Deaths from this group are predicted to rise in the future due to the effect of demographic change. Mortality from CHD among those born in the Indian subcontinent is 36 per cent higher among men and 46 per cent higher among women, compared with the population average rates for England and Wales as a whole.

Afro-Caribbean people have substantially lower mortality rates from CHD than the population as a whole, but they are at a much greater risk of stroke. For Caribbeans as a whole the risk is 76 per cent higher than the average population and for Caribbean women, 110 per cent higher – in other words, double the population average rate for England and Wales. People from the Indian subcontinent and African Commonwealth countries also experience significantly higher mortality from stroke.

### Organisational support

In 1993, the NHSE set up an equal opportunity unit because ministers, the Executive and the Health Service were concerned about the poor representation of black and ethnic minority people in health management and leadership positions. At the same time, some black and ethnic minority communities were themselves voicing concern that services were not accessible and responsive to their needs. The Government awarded the unit an extra £200,000 last year specifically for racial equality initiatives.

The Kings Fund Share Project, set up in 1993, disseminates health and social care information about ethnic minority and other marginalised groups in society. In its regular newsletter it reports that the NHS has become more sensitive to the needs of minority groups and there

## Box 5: Coronary heart disease key target

- Mortality from stroke is higher in people from the Caribbean and the Asian subcontinents
- Mortality from CHD is higher in people from the Indian subcontinent and the African Commonwealth
- Mortality for hypertension is higher in these ethnic groups

has been a steady stream of position papers by health authorities on good practice and ethnically sensitive health care.



## Pharmacy role

It has to be said that community pharmacy as a profession and practice has been less visibly keen to engage with the topic and promote awareness and sensitivity to the issue. The RPSGB has only in the past year decided to undertake ethnic monitoring of the profession. This is despite recent research by Karen Hassall<sup>3</sup> showing the growing proportion of students and practising pharmacists from ethnic minority backgrounds.

At the moment we do not really know enough about the lifestyle patterns of ethnic minority groups to provide a strategic direction to pharmaceutical care response. Evidence is inconsistent and variations occur because of cultural, religious and socio-economic factors. We do know there is a lower level of smoking among Asian, African and Caribbean women, high alcohol consumption among Punjabi men and rising alcohol consumption in Caribbean men. So the established risk factors for diseases such as CHD do not appear to explain the variations in health status between groups.

One pharmacy survey did begin to shed some light on the subject. In 1993, an interview survey of ethnic minority communities in the West Midlands, which we undertook through Aston University and MEL Research, set out to examine whether the communities were accessing the full range of community pharmaceutical services<sup>4</sup>.

The survey confirmed that there are communication issues to be resolved. For example, one third of Muslim respondents said they could not read English; this was particularly common with women and first generation Bangladeshi migrants. But the problem cannot be solved merely by providing translated labels or leaflets, as 58 per cent of that group could not read any other language either.

The survey found that 16 per cent of the respondents felt it not easy to understand written instructions on

## Box 3: Mental health issues

- Afro-Caribbeans have higher admissions rates to psychiatric hospitals
- Incidence of schizophrenia are higher in Afro-Caribbean communities and are also raised in Asians
- Suicide rates are high in young Asian women

## Box 4: Five key areas where substantial improvements could be made

Coronary heart disease/stroke  
Cancers  
Mental illness  
HIV/aids  
Accidents



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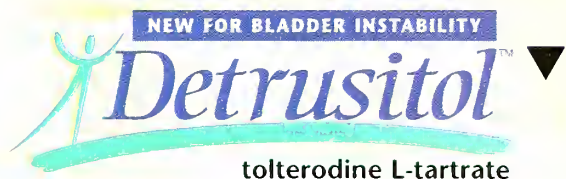
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◀ Continued from PVI

prescribed medication containers, and for over one third of the sample the labels on products were unreadable or missing – suggesting a high reliance on memory for dosage instructions.

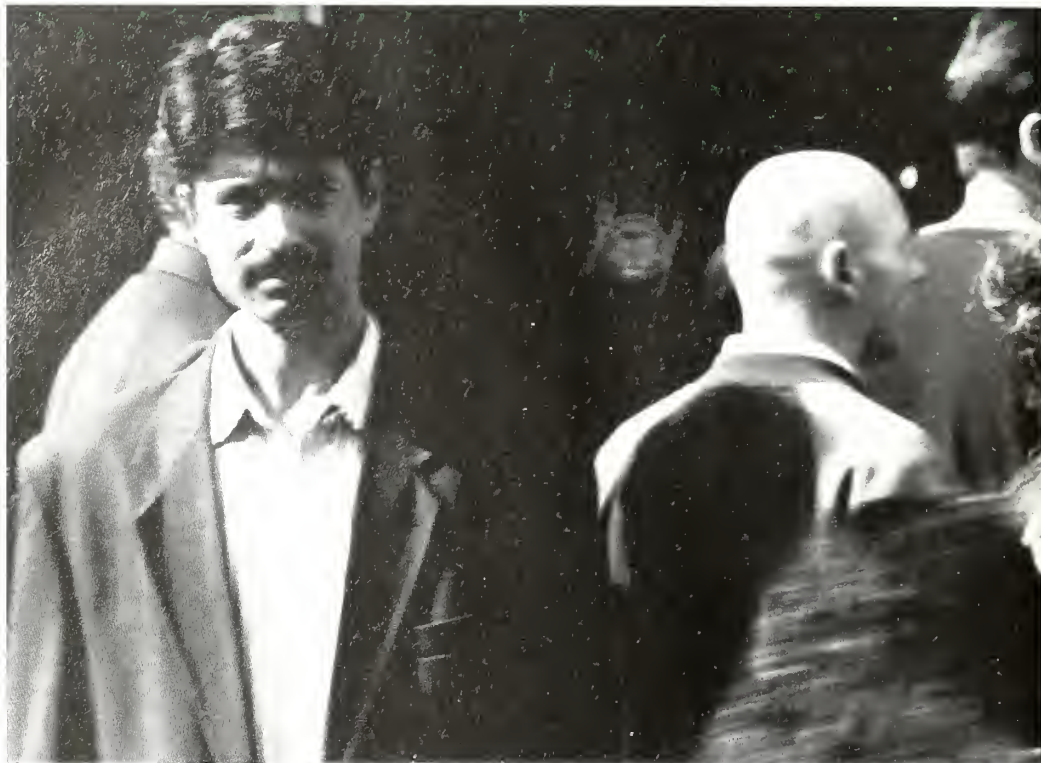
The minority sample were also less likely to ask for advice from pharmacists, and less likely to notice or read health promotion leaflets. It was also noted that many Muslim women lead relatively sheltered and isolated lives. Their scripts and medication could be collected by a third party, in which case the importance of communication was even more relevant.

## Conclusions

The issue of ethnic minority health is coming into the foreground of primary care development. Pharmacists are well placed to take forward initiatives centred on preventive health activities targeted to the needs of the minority population.

The basic needs of ethnic minority people are the same as for any other population, but there are some specific health conditions for which they are more at risk; and certain service rights, such as to be able to communicate in a language that they feel comfortable with.

The role of the pharmacy in the inner city environment is key, given that minority communities are much more likely to frequent these areas and to shop locally. Pressures for relocation of inner city pharmacies may unwittingly remove the very service that could be exploited by the health services to target the needs of a very specific



The basic health needs of ethnic minority people are the same as for any other population

population group.

The role of the pharmacist, with an increasing competence in languages and sensitivity to cultural needs (for example, knowledge of taking medication during fasting periods), holds a lot of potential as a channel through which the Government's concern to protect and enhance the health status of this group might be directed.

However, the mechanisms that might be developed for doing this are poorly addressed in pharmacy practice development, partly because of a colour-blind ethic within the profession that fails to recognise the need to build positively

around the specific needs of particular communities. This will need to change in line with the new direction of health policy, and if handled appropriately by pharmacists, a new dimension to the future role may be added to the New Age portfolio.

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3. Hassell, K; 'An exploration of the impact of cultural differences between ethnic minority and white pharmacists on professional practice and job

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## Box 6:

### Pharmacy service opportunities with ethnic minority consumers

- Brown bag studies to identify specific medication problems
- Ensure patient names on labels are differentiated between family members
- Have an awareness of fasting practices
- Take time to check on language and comprehension of method of administration
- Begin to explore patient held health beliefs about medication
- Health promotion leaflets need to be relevant, simply written and should possibly include pictograms
- Conduct relevant health promotion campaigns (target high risk groups – such as stroke, diabetes, oral cancer)
- Provide a travel health service (36 per cent visited their country of origin in the past five years)





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# The European juggler

Jeff Harris: loves learning about new businesses



**Alliance Unichem is having to balance a host of interests and issues, such as European wholesaling, UK pharmacies, pre-wholesaling, and the 'millennium bug' across Europe. It believes it is putting together an exciting act, as Guy L'Aimable reports**

Jeff Harris, Alliance Unichem's chief executive, would welcome the news that Action 2000, a group advising businesses about the 'millennium bug', has recently launched a \$10 million advertising campaign to ensure small- and medium-sized firms do something about the problem.

"I'm terribly worried about pharmacists – I think a lot of them are ducking the issue until later," he says. Unichem can do only so much to help them. "We've sent out letters to make them aware of the problem and we're offering a free advice service. We could make sure Mediphase is fully compliant – that's mostly been done. But we

can't get involved in any detailed programme to update our customers' computers – they have to sort that out themselves."

Unichem's position as a wholesaler places it in a potentially difficult position. Even if pharmacies do ensure their PCs are Year 2000 compliant, the delicate balance of producing, ordering and delivering pharmaceuticals could still be upset by negligent manufacturers. While major drug companies are compliant, Mr Harris is not so confident about small firms. "Some of the smaller UK manufacturers will have to take this [bug] particularly seriously. Think of the implications for our 5,500 customers."

Unichem expects to be compliant in August and its European subsidiaries will follow suit by December.

'Striking a balance' is an apt motto for Mr Harris' job. As head of a wholesaling and retailing multinational, he has to co-ordinate strategies to expand its European interests while, at the same time, remain focused on its core pharmacy markets.

When Unichem merged with Alliance Santé last November, Mr Harris' role changed considerably as his group shot into the major league of European wholesaling. From being predominantly a UK business with a Portuguese subsidiary, Unichem –

renamed Alliance Unichem – gained major wholesaling stakes in Italy and France, and links with associates in Greece, Morocco and Spain.

The merged group's sales, before restructuring costs, exceeded \$4.89 billion last year, more than three times Unichem's sales, while its profits, at about \$102 million, would almost double Unichem's year-end figure.

All this means that Mr Harris now travels around Europe, on average, two days a week. "More than two-thirds of our sales are coming from European markets."

Finding out how other businesses work makes an exhausting schedule bearable. "I love learning about new businesses. My curiosity carries me forward."

## More autonomy

On a managerial level, he has become less involved with the group's subsidiaries and is paying more attention to the group's role. "Each of the subsidiaries' managing directors have greater autonomy to run their business as his or her own. I have to co-ordinate their roles and run them as group effort," he says.

AU's plan to create a pan-European pre-wholesaling service, where it distributes products direct from manufacturers' plants, is "not taking huge steps

forward", but is still progressing well. It could enter some European markets by buying their established pre-wholesaling capacity. The group is also working closely with fellow members of the International Pharmaceutical Service Organisation (IPSO), a consortium of eight major European pharmaceutical wholesalers, to create links to help it service their markets. "This exercise won't be complete until the end of this year – there's a lot of planning going on," he says.

Larger manufacturers, he adds, are extremely keen on the concept. Bristol Myers Squibb in the UK and Pharmacia & Upjohn in Italy are already involved. "It's one of the major areas where we differ from our attitudes with Gehe. We believe there's some real advantage in getting close to manufacturers – it's going to be part of our drive this year and next." Gehe does not believe a European pre-wholesaling network would work, partly because it says the service would not be cheaper than a normal overnight carrier.

AU's pre-wholesaling service is more advanced in the UK, where it is operated by UDG, an associate company. UDG/AU began the year with six pre-wholesaling contracts – they now have 14 and their warehouse complex in South Normanton is said to be working close to full capacity.

## Integrated schemes

The group also plans to begin integrated marketing schemes with manufacturers next year. It is already talking to one company. "We want to use the sales forces [of AU's subsidiaries] in our major European markets to work with manufacturers, and to see where we could link up with 40,000 pharmacists in Europe."

As AU wants to know what pharmacists expect from a wholesaler, it is setting up a committee of European pharmacists recruited from the main pharmaceutical markets. The committee of about 24-30 members is expected to be in place by the end of this year. As well as being a useful forum, it could also be used as a pressure group in Brussels.

Mr Harris concedes the European Union's labyrinth bureaucracy is no vehicle for short-term changes, but he argues that is no reason to ignore it. Pharmaceutical wholesalers "never get our views across Brussels, and there's howls of protest when something irrational comes our way". He cites the case, about a year ago, when the EU unsuccessfully tried to force wholesalers to keep a pharmacist permanently at their depots. "I don't want to miss the opportunity of getting our views across because

health care matters are likely to come from Brussels in future, rather than from our national Government," he says.

The first steps towards a single European drug market, for example, have already been taken. Manufacturers are beginning to harmonise their product ranges and prices, and the European Medicines Agency is working on regulations to create standardised product formulations and packs. AU believes the introduction of European Monetary Union will speed up this process.

In five years time, according to Mr Harris, a lot more pharmaceuticals will have become standardised throughout Europe. "Then we could get a competitive advantage over national wholesalers because we're a major customer of manufacturers, and we will increase our share of the markets we operate in."

## German targets

Expansion on the wholesale side, meanwhile, will eventually include a foray into Gehe's home territory – Germany. One could argue the country's purge to constrain health care costs makes it an unappealing prospect, but Mr Harris says this is a short-term constraint.

He hints that European wholesalers will find mergers increasingly attractive. "Our deal with Alliance Santé has pointed the way

for the European wholesaler to emerge. That's more widely recognised by regional wholesalers, you'll find more consolidation."

AU's first priority, however, is to realise annual synergies of about \$5 million from its merger. It is comparing its wholesale operations with each other to see if there is a better way of running them. "That won't create much profit in 1998 but it's one area where we could get some of our best results in the future," says Mr Harris.

The group is also looking to lower costs by finding the cheapest European purchase prices for a variety of goods and services. As a result, its wholesale margins are expected to rise.

While Mr Harris is a passionate 'Europhile', he stresses AU is not losing sight of its core UK pharmacy market. It remains a frustrating one for Unichem, chiefly due to growing grey and parallel import markets. Sales in the latter market, for example, are expected to exceed \$350 million this year.

Parallel import sales are being driven by shortline wholesalers.

Mr Harris appreciates that huge commercial pressures force pharmacists to use them; what he does not like is the dual standard implicit in this process. "Pharmacists expect us to comply with the Medicines Control Agency, but we cannot afford to offer this quality of service and maintain prices that match shortliners.

[The pharmacist] wouldn't let us get away with the shoddy standards of a shortliner."

Shortliner sales have been growing for the past five years and are expected to reach \$450 million this year. He does not expect them to develop much further because the strong pound, which has made pharmaceutical imports so attractive, appears to be weakening.

One could argue his criticisms are disingenuous, considering Unichem dabbles in the shortline market through OTC Direct. Mr Harris says he's just dealing with commercial reality. "If you can't beat them, join them. I'm not trying to turn back the tide like King Canute – I understand why pharmacies use shortliners," he says.

Mr Harris is similarly upbeat about Moss Chemist. Its operat-

ing margins, for example, will rise again this year, although not as much as they did last year, when they reached 6.6 per cent.

Does he not think the new look Lloyds Pharmacy is a considerable threat? "Not at all, because competition in retail pharmacy is a local matter. Apart from Boots, none of us have a national appeal in our pharmacy chains – it's a local appeal."

Unichem is maintaining its commitment to independent pharmacies, meanwhile, through its various schemes, such as the Community Pharmacy Initiative, training packages and loan guarantees. Speculation remains about how many outlets will remain in business in future. Mr Harris believes the number will not change radically. "The optimum number for Moss is 900. And I don't think Boots has gross expansion plans. As for supermarkets, they have fewer than 200 sites that could take in-store pharmacies."

The main uncertainty is resale price maintenance. For all the pharmacy sector's resilience, Mr Harris concedes RPM could be "the straw that breaks the camel's back", if it is abolished.

Whatever the outcome, he remains bullish about the future. The pharmacy sector has "a good future, otherwise we wouldn't be investing in it. That's not false optimism".

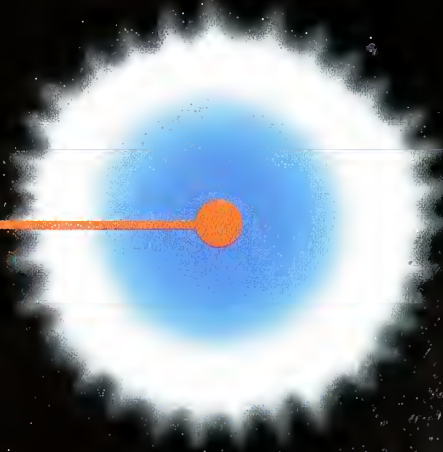
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## University unveils Doctor of Pharmacy programme

Pharmacists can now study for a Doctor of Pharmacy degree at the University of Derby.

The clinical post-Masters DPharm programme, the first in the UK, costs \$4,000 and leads to a qualification equivalent to a

PhD. It is aimed principally at hospital pharmacists.

The distance learning modular-based course begins next month and will develop students' existing skills, allowing them to undertake in-depth research.

Studying can be completed within three to six years.

The programme leader is Professor Mike Allwood. Contact him at the Pharmacy Academic Practice Unit, University of Derby, DE3 5GX. Tel: 01332 622280.

## Chief executive of the Medicines Control Agency gets 14pc rise

A 13.9 per cent increase has been given to Dr Keith Jones, the chief executive of the Medicines Control Agency, raising his salary to \$104,234 per year.

The rise of \$12,721 reported in the small print at the back of the MCA's annual report is likely to increase the anger of pharma-

cists who are still battling for a pay increase after having a pay rise imposed on them last year.

No reasons are given for the size of Dr Jones' increase – four times the rate of inflation – but it smashes through the limits laid down by the chancellor for the pay review bodies for public sec-

tor pay review bodies, and comes amid headlines attacking the failures of the MCA over the use of human albumin.

The report says there was a large rise in the number of new drugs assessed which reached the highest level ever at 45 new active substances.

## Tees HA scraps out of hours rota in Stockton and Hartlepool

Tees Health Authority has stopped the out of hours rota service in Stockton and Hartlepool because of a decline in its use.

Instead, pharmacies have been issued with notices showing the

opening times of selected in-store supermarket pharmacies in central locations. There will still be a rota on Christmas Day, Boxing Day, New Years Day and Easter Sunday, and the normal

rota remains in force elsewhere in the health authority.

Use of the service has declined over the past two years as patients took more advantage of late-opening supermarkets.

## Low risk from vet medicine residues says Medicines Directorate

Residues of veterinary medicines occur in very few foods and at concentrations that are unlikely to pose a health risk, says a report from the Veterinary Medicines Directorate.

Last year the VMD tested

almost 40,000 food samples for various medicines, including antibiotics, and found that only 0.13 per cent had levels over the legal maximum residue limits (MRL). Samples free from detectable residues increased

from 99.2 per cent in 1996 to 99.5 per cent in 1997 and those over the legal MRLs fell from 0.24 per cent. The results were published last week in the VMD's 'Annual Report on Surveillance for Veterinary Residues in 1997'.

## Second pharmacist on HA board



Ash Aggarwal, a community pharmacist in Sunderland, has been appointed to the Gateshead and South Tyneside Health Authority board as a non-executive director. He is the second pharmacist on the board, as it is chaired by former Royal Pharmaceutical Society president Bill Darling.

Mr Aggarwal, who will now be resigning from the Local Pharmaceutical committee where he has been chairman, says he is proud to be appointed. The region is one of the first areas to be a Health Action Zone, and there will be three primary care groups in the HA.

"I'm glad to be in at the initial stages," he said. "When I was LPC chairman we were pushing for pharmacy to be directly or indirectly involved in PCGs."

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## Folic acid what all women should know



## Issues surrounding a serious summer of abuse

I am writing to voice my concerns over an article entitled 'Serious Summer of Abuse' which appeared in *Chemist & Druggist* on July 25. Although I welcome any article which raises the general level of awareness of a dangerous activity such as solvent abuse, there are various points which I feel must be raised in the light of the article.

The Solvent Abuse (Scotland) Act 1983 is not the Scottish equivalent of the Intoxicating Substances Supply Act 1985 (as implied in the article). In fact it is an amendment to the Social Work (Scotland) Act 1968 and allows solvent and volatile substance abuse (VSA) to become grounds for a child to be referred to the Children's panel in Scotland. There is no particular 'Act' pertinent to Scottish retailers. However, an individual can be prosecuted under Scottish Common Law for similar reasons as those expressed in the Intoxicating Substances (Supply) Act.

I was also surprised to see no mention in the article of Re-Solv the Society for the prevention of Solvent and Volatile Substance Abuse (Tel: 01785 817885). The charity offers a unique information service to professionals and concerned individuals, such as parents. This omission is

particularly perplexing since BAMA are members of Re-Solv.

The work done by BAMA concerning solvent and volatile substance abuse is excellent but I do feel it is important that your readers are made aware of Re-Solv since it is the only national charity solely dedicated to the prevention of solvent and volatile substance abuse.

**David Allen,**  
Trustee of Re-Solv,  
London.

## Shedding light on Goldshield

Goldshield may not target Healthcare Direct mailings to pharmacists, but I can shed some light on how it acquired some of its mailing list.

Several years ago the National Pharmaceutical Association produced a glossy magazine for free distribution in pharmacies. One of my assistants responded to a free offer from Goldshield in the magazine. She was rather surprised some weeks later to receive a mailing from Goldshield offering to sell her vitamins without the expense or inconvenience of going to one of those awful pharmacies!

Like *Xrayser* (*Chemist & Druggist* June 13, p8), I will have nothing to do with Goldshield.

**John Urwin**  
Workington, Cumbria

## Manor toasts NVQ success



The first two dispensers from the Manor Group of pharmacies to achieve NVQ level III in pharmacy services are Jayne Canning (left) and Maria Nazurek.

The women from the Manor Pharmacy at Brook Street in Sutton in Ashfield studied together before the shop opened each morning. Their assessing pharmacist was Lisa Glynn (middle) who is training co-ordinator for G W Taylor Ltd, which trades as Manor Pharmacy. The internal verifier was Vanessa Kingsbury from Buttercups Training

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\*Source: Independent Pharmacy Audit



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# Independent pharmacies losing OTC battle

Independent pharmacies have been unable to stop major supermarkets eroding their OTC sales, according to the latest report by Corporate Intelligence on Retailing (CIR).

Its report – 'The market for OTC pharmaceuticals in the UK' – says major supermarket chains now account for 15 per cent of OTC sales (other grocers have a further 5 per cent).

Pharmacies' share – excluding Boots – was 41 per cent last year, down two percentage points on their 1993 level. Boots accounts for 29 per cent of the market. (The report did not break down sales between multiple and independent pharmacies.)

In some of the largest market sectors, such as adult analgesics, cold and flu treatments, indigestion remedies and stomach upset remedies, supermarkets' share is 30 per cent and growing.

"The ending of Resale Price Maintenance would accelerate the trend, particularly in the largest product markets where the superstores could be expected to intensify their

propensity to cherry pick among the major – and most profitable – lines," it says.

Small, independent pharmacies, it adds, are losing their share of traditionally popular products, eg anti-fungals, hay fever treatments, anti-diarrhoeals, paediatric analgesics and laxatives to major pharmacy chains. (Pharmacies generally account for 90-95 per cent of the products' sales.) Consumers are enticed by the chains' "sharper pricing" on selected leading brands and by their more competitive own label products.

Own-label sales are expected to grow and should benefit Boots, Superdrug, Gehe, Alliance Unichem and grocery multiples.

Overall OTC sales, meanwhile, were worth \$1.4 billion last year, and accounted for about 23 per cent of the UK's pharmaceutical sales.

Core OTC products, however, are expected to grow only 5-6 per cent a year by 2000, despite the Government's move to encourage self-medication in the community.

A few sectors, such as analgesics, have benefited from products being switched from POM to P, but CIR says the potential for such switches is dwindling.

Some of fastest growing categories will be specialist, eg anti-fungals, topical pain relievers and haemorrhoid treatments (together worth more than \$80 million). These have been growing about 10 per cent a year and are likely to remain strong sellers. Another category with surging sales is medicated skin treatments, worth about \$80 million.

Sales of vitamins, minerals and supplements are forecast to grow about 30 per cent by 2000. Multipurpose products, containing vitamins and minerals in

varying quantities, are expected to be particularly popular.

Arguably, the best growing sectors will be herbal and homoeopathic, which should grow 12-13 per cent a year until at least 2000.

"While strong growth is expected for many years, especially in the herbal sector, there will be no breakthrough in this market unless the medical establishment shows more interest in, and understanding of, the sector," says the report. The UK lags far behind Germany, where doctors are more prepared to prescribe herbal remedies.

● Corporate Intelligence on Retailing, 'The market for OTC pharmaceuticals in the UK', price \$495; Tel: 0171 696 9006.

## Forecast of OTC sales, £m

Category	1997	1998	1999	2000
OTC products	1,056	1,120	1,180	1,250
Vitamins etc	308	335	370	410
Herbal/homoeopathic remedies	66	72	80	90

Source: Corporate Intelligence on Retailing

# Boots the Chemists to halt in-store Sainsbury trial

Boots the Chemists is closing down the trial outlets it has been running in selected Sainsbury supermarkets.

BTC said it was ending the trial because it was no longer "beneficial for both parties".

It has been leasing space at about ten Sainsbury stores and has decided not to renew the leases when they come up. The trial has run for about two years, although one Sainsbury store has had a Boots pharmacy for 15 years.

Its first quarter sales, meanwhile, rose 7.7 per cent, compared with the same period last year.

The poor summer, however, has hampered sales of its relatively high margin sun-related products. BTC says the loss is equivalent to 2 per cent of the products' sales.

Boots Contract Manufacturing's sales dropped 5.3 per cent, due to a combination of retailers' de-stocking policies and the strong pound.

Boots Healthcare International's sales were up 16.6 per cent.

Lord Blyth, Boots chief executive, formally began his new role as chairman last week. Contrary to normal practice, the chairmanship has been made an executive post. Boots

will no longer have a chief executive.

Sir Michael Angus, Boots' chairman for four years, has taken up a non-executive post as its deputy chairman.

● Boots and Mitsubishi have formed a joint venture called Boots MC to open Boots health and beauty stores in Japan.



Lord Blyth is Boots' new chairman

The venture is investing \$22 million over a two year trial. Four pilot stores, between 350 sq m and 600 sq m, will open in Tokyo next year.

Boots has a 51 per cent stake in the venture and Mitsubishi owns the remainder. Both companies believe Japan has the potential to hold 400 Boots stores.

## Medeva profit slump alarms investors

Medeva's shares fell 21 per cent to 135.5p after its pre-tax profits slumped 20 per cent to \$36.7m for the six months to June 30.

The company's sales dipped 5 per cent to \$148.3m. Investors were particularly alarmed by the impact of US competition on Medeva's main drug: methylphenidate, a central nervous system product. Its sales fell 32 per cent to \$36m – more than anticipated. And Medeva warned the product's sales could drop again during the second half, if other competitors are launched in the US.

Medeva's CNS sales, reflecting methylphenidate's performance, fell 34 per cent to \$40.4m. Other sales, however, rose 13 per cent to \$107.9m. Its respiratory products, led by Tussionex, grew 11 per cent to \$34m, while vaccines were up 15 per cent to \$18m.

Medeva is on schedule to file Hepagene, an immunotherapy to treat chronic carriers of hepatitis B, in Europe and the US later this year. It also expects to receive this year a product licence for Asnabec Clickhaler, the dry powder inhaler it has licensed from ML Laboratories.

## Pharmacist guilty of a breach of duty of care

Former Worthing pharmacist Naeem Abdul has pleaded guilty at Chichester Magistrates' Court to keeping controlled waste without a licence and to a breach of duty of care. He was fined \$250 with \$250 costs and given a two-year conditional discharge.

The charges arose from cyanide, arsenic and strychnine and other pharmaceuticals being found in a waste skip at the shopping mall in Crawley, West Sussex.

According to the *Crawley Observer* a security guard spotted an unauthorised dumping of

bottles and was suspicious that dangerous chemicals were involved.

In court, the prosecution for the Environment Agency explained that Mr Abdul had shut his Worthing pharmacy to work in a discount store in Bognor Regis in 1996. The landlord called in contractors to clear the premises, but somehow chemicals from the shop were later abandoned in Crawley.

Abdul told the court: "I now recognise I may not have been as diligent as possible in taking care of the stock."

## UK contracts send Wrafton Laboratories' profits up 42 per cent to £1.5m

Wrafton Laboratories' pre-tax profits rose 42 per cent to \$1.5 million for the year to April 30, while its sales were up 10 per cent to \$25m.

The company, which manufactures and packages about 250 different products and packs for

pharmaceutical companies and high street multiples, said its growth stemmed from UK contracts. Improved operating efficiencies helped to lift its profits.

Wrafton's European contracts, however, had dwindled because of the strong pound, according to its

managing director Brian Sherwin.

Its UK clients include Smithkline Beecham and Whitehall Laboratories. It also supplies own label products to Boots, Superdrug and Lloyds.

Last year the company invested \$1.1m in buildings and

equipment – it spent \$400,000 to complete a new 30,000 sq ft warehouse in Wrafton, North Devon. Wrafton also earned the Investors In People award.

This year it will invest more than \$1m on a new tube filler and sachet filler.

## Numark to harness Source Informatics IT skills

Numark has appointed Source Informatics to collect and analyse its data and pay its shareholder rebates quicker.

Source has extensive experience with sales data. Pharmaceutical manufacturers, for example, can check wholesale purchases through its Wholesale Sales Data Service.

Numark's rebates were worth \$539,000 during the last quarter and it expects them to continue rising. The pharmacy group uses weekly data on its shareholders' sales to negotiate rates on OTC products, own brand lines and display allowances.

Source will probably start working with Numark in the autumn.

Terry Norris, Numark's managing director, said Source's expertise would be an asset. "The data will be used for more sophisticated planning purposes from which all shareholders will benefit," he said.

Numark, meanwhile, has launched a six-page web site to promote its 1,155 shareholders.

The web site gives information about the company and its activities. It will be expanded with consumer information on Numark promotions and Numark own brands. Its address is: [www.Numark-Pharmacy.co.uk](http://www.Numark-Pharmacy.co.uk). Numark will launch a large-scale IT programme in October.

### ADVANCED INFORMATION

**MindFields Seminars** presents 'How to deal with dependency, substance abuse and compulsion', by Joe Griffin in Cambridge on **September 3** and West London on **September 4**, and other venues and dates. Fee: \$57.58 (incl VAT). Further details from MindFields Seminars, 1 Lovers Meadow, Chalvington, Hailsham, E Sussex BN27 3TE.

**UKCPA group study day** – 'Delivering clinical Pharmacy in the Community and Primary Care' – on **September 22** at the RPSGB, 1 Lambeth High Street, London. Accredited by the College of Pharmacy Practice as providing five hours of continuing education. Details from Mrs Pat Kennedy, tel: 0116 277 6999.

**The Psoriatic Arthritis & Psoriasis Conference '98** will be held on **September 26** at Voburn Safari Park. Free admission via pass. Further details from PAA, tel: 01923 672837.

**UKCPA group study day** – 'The Critical Care Pharmacist – Making a Difference' – on **September 29** at the Postgraduate Medical Centre, St Thomas' Hospital, London. Accredited by the CPP as providing six hours of continuing education. Details from Mrs Pat Kennedy, tel: 0116 277 6999.

## Four year timetable for UK cannabis medicine

GW Pharmaceuticals (GWP), licensed by the Home Office to conduct research on the therapeutic value of cannabis, plans to apply for its first product licence in four years time.

The company is about to start growing cannabis at its high security glasshouse complex in south-east England and it hopes to start clinical trials on standardised extracts next summer.

Geoffrey Guy, GWP's chairman, said a major priority was to develop a delivery device that had the same effects as smoking cannabis, but which was more socially acceptable. The device could be an inhaler or aerosol that uses heat to vaporise the volatile constituents of cannabis and release the active cannabinoids. Suppositories and skin patches will also be considered.

GWP's clinical trials aim to establish the optimum ratios of active ingredients, such as THC, which is largely responsible for pain relief; and cannabidiol, which may be useful for epilepsy,

stroke victims, and could be an antipsychotic. Dr Guy said the first clinical trial would probably concentrate on multiple sclerosis. GWP initially expects to spend about \$10 million on research projects.

The company has also signed a deal with Hortapharm, a Dutch company specialising in growing medicinal cannabis. Under the deal, GWP has acquired the exclusive rights to Hortapharm's range of cannabis plants, for an undisclosed sum. GWP will own plant registrations arising from the Dutch company's breeding programme.

GWP will develop the drug delivery technologies to administer the medicinal cannabis. This will include work on a vaporiser, whose patent is owned by Hortapharm. GWP will also fund Hortapharm's botanical research, while the Dutch company's scientists will help GWP's cultivation, cloning and propagation programme at its glasshouse.

## Scotia's £2.5m plant

Scotia Holdings is building a \$2.5 million plant for Foscan, its photosensitising agent used in photodynamic therapy on certain cancers, in Callanish, on the Isle of Lewis. The plant is expected to begin production early in 2000. Scotia will continue to produce Foscan at its Carlisle plant until then, although this site will close when the production is switched to Callanish.

Scotia is also building a 20,000 sq ft laboratory and office complex at its HQ site in Stirling. Scientific staff from Carlisle will transfer to Stirling by the end of 1999.

## Two directors resign from Cortecs

Two Cortecs directors have resigned over the pay row that has already prompted the departure of Glen Travers, the company's chairman.

Leon Ivory, a co-founder of Cortecs, and Lord Colwyn – both non-executive directors and former members of the company's remuneration committee – have left because of an argument over Mr Travers' salary and benefits package, worth \$750,000 a year.

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**To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House,  
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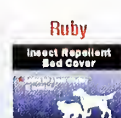
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# ABOUT people

## Superdrug's secret weapon

The marketing team at Superdrug have turned to the Eastern art of feng shui in order to introduce a little positive energy into the work place.

Sometimes described as 'acupuncture for buildings', feng shui is Chinese for 'wind and water' and is the ancient science of harmonising buildings.

Feng shui practitioner Pauline Jeffreys examined the building and suggested changes that should create a happier and more productive working environment for the team. "Some changes are taking longer to implement than others," she says, "but I have moved some staff around and put a water feature in the East section of the office which should help prosperity."

Pauline also assisted on a recent Superdrug product launch which, she says, went wonderfully, but she has yet to make her follow up visit to the marketing department. Needless to say, she expects a positive response.

## Mawdsley veteran retires after 50 years

Just one month after the introduction of the NHS, Jean Haslam joined wholesaler Mawdsley-Brooks. Fifty years on, she has decided the time is right to retire.

Ms Haslam began as an office junior in August 1948 and fulfilled many clerical roles including decades as the voice of Mawdsley on the company's switchboard.

She was presented with an engraved vase and flowers by non-executive chairman Jim Salt and director Susan Westall at a retirement party on July 15.

She said: "I remember having to light the office fires as a junior and then I got to know all our customers while on the switchboard. I am sorry to leave, but I will not miss getting up at 6.30am every morning to catch the bus."



The NPA has raised £1,500 for McMillan nurses from the sponsored walk it organised, after employee Anne Northey was diagnosed with cancer. More than 100 people completed the one mile walk on May 15 from the NPA's headquarters at Mallinson House to the Fighting Cocks pub in St Albans. Anne (left) is pictured with NPA director John D'Arcy presenting her personal McMillan nurse Gillian Vipas with a cheque

## Glyn Jones award – applications invited

The College of Pharmacy Practice is inviting applications for the 1998 Glyn Jones Travel Award.

The Award, worth up to \$1,000, is made annually towards the cost of a specific investigation into an aspect of community pharmacy.

Last year's winner was Dr Dai John from the Welsh School of Pharmacy whose study was entitled 'The Management of Minor Illness by the Public – A Qualitative Prospective Study'.

The closing date for applications is Friday October 30.

## Highest French honour for L'Oréal chief

The chairman and chief executive officer of the L'Oréal Group, Lindsay Owen-Jones, has received the highest civilian honour in France.

Mr Owen-Jones, who joined

the company in 1969 and became chairman of the \$7.4bn turnover business in 1988, was promoted to the rank of officer in the French Order of the Legion of Honour on July 14.

## APPOINTMENTS

Moss Chemists has promoted **Sue Rockhill** to marketing director. She has worked for Moss for three years as buying controller. Previously she was a consultant for Pipper Trust and a buyer at Boots the Chemists.

**Ken Birks** has rejoined specialist shopfitter Dollar Rae as regional sales manager for the south and south-east of England. He was the company's sales manager from 1984-92.

Three new appointments have been made to the Medical Practices Committee, the body which maintains an even distribution of GPs throughout England and Wales. They are **Kenneth Judge**, professor of social policy at the University of Kent, and GPs **Dr Michael Sheldon** and **Dr Sadiq Ali**.

## Nottingham's ten of the best

Ten students have passed the Nottingham School of Pharmacy Postgraduate Diploma in Clinical Pharmacy. They are: **Mohammad Ahmed**, **Bryan Foreshow**, **Debbie Lockwood**, **Suzanne Moakes**, **Nadeem Shah**, **Surinder Ahuja**, **Tanja Kadlez**, **Ross McManus** and **Josephine Quin**. The best final year diploma student was **Jeffrey Elliott**.

## Easter eggs swapped for hospital equipment



Dipam Shah gives hospice general manager Ruth Cameron the health aids

Dipam Shah, owner of St John's Pharmacy in Weymouth, asked AAH Pharmaceuticals to swap the 50 Easter eggs he won in a competition for some home health equipment for his local hospice.

As a member of the wholesaler's Vantage trading group, Mr Shah won a contest in *Vantage News*, and his prize was to give the eggs to a charity of his choice. He asked AAH if he could

have a selection of equipment instead for the Trimar Christian Hospice Trust, and the company supplied him with a selection of aids including a walking trolley, a raised toilet seat and a specially-designed hairwashing tray.

He said: "The hospice makes a positive contribution to the community, offering specialised palliative care. Our partnership with them is beneficial to many local people."



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**IMPORTANT NOTICE** SMA HIGH ENERGY is a milk based formula specially designed to help meet the nutritional needs of infants and young children with increased nutritional requirements as identified by a doctor or dietician. Professional advice must be followed on the need for, and proper method of use, of formulas and on all matters of infant feeding. SMA HIGH ENERGY is not intended for use with newborn premature babies, for whom fortified breastmilk or a low birthweight formula is more appropriate. However, SMA HIGH ENERGY may be used after these babies are discharged if they are continuing to fail to thrive.

SMA Nutrition, Honeymead, Lane South, Uxlow, Maidenhead, Berks. SL6 0PH. For enquiries in the Republic of Ireland: SMA Nutrition, South Circular Road, Malabar, Dublin 8. \*Trade Mark. REFERENCE: 1. Data on file. Z740003/7/98

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